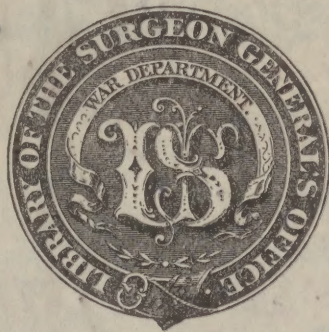


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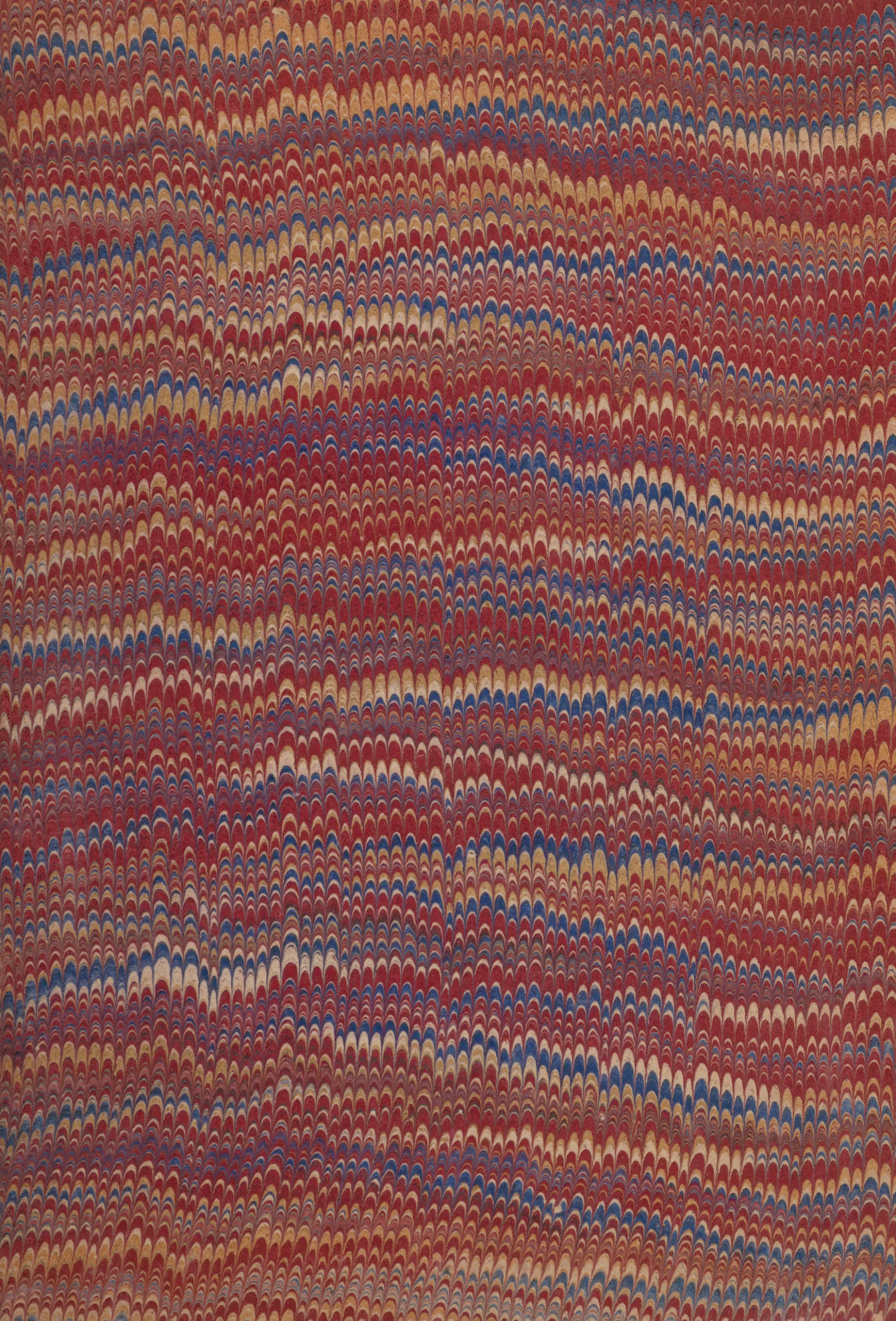
Section

[medicine]

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1876.

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Edwin M. Snow, M.D., Providence, R. I.,	626 N. 40th St.
H. N. Spencer, M.D., St. Louis, Mo.,	608 Marshall St.
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Alfred Stillé, M.D., Philadelphia,	3900 Spruce St.
Joseph A. Stilwell, M.D., Brownstown, Ind.,	530 Brooklyn St.
Geo. Strawbridge, M.D., Philadelphia,	1616 Chestnut St.
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R. W. Taylor, M.D., New York City,	1416 Spruce St.
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Ellwood Wilson, M.D., Philadelphia,	212 S. 15th St.
F. N. Wise, M.D., Covington, Ky.	1408 Arch St.
Caspar Wister, M.D., Philadelphia,	1303 Arch St.
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Algernon Woolverton, M.D., Hamilton, Ont.,	474 N. 8th St.
Theo. W. Wormley, M.D., Columbus, Ohio,	1334 Pine St.
Fred. H. Wright, M.D., Toronto, Ont., Canada,	1203 Wallace St.
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PHILADELPHIA, 1876.

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Secretary.—Walter Kempster, M.D.,

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CENTENNIAL MEDICAL COMMISSION.

PHILADELPHIA, June 1st, 1876.

MY DEAR SIR:

I am instructed by the Medical Commission of the International Medical Congress to beg you to furnish *without delay* the heads of your essay, or of your opening remarks, for publication. The object of this is to promote and facilitate discussion.

A very good model for such heads is that furnished for publication by Mr. Jonathan Hutchinson in advance of his opening the discussion on Syphilis before the Pathological Society of London, in February last, as follows:—

“After adverting briefly to the doctrines at present received as to the nature of syphilis, and also to certain important sources of error in the attempt to study its course, the following topics, amongst others, will be introduced for discussion: At what period in its course does syphilis cease to be a blood disease? The peculiarities of the inflammatory process when caused by syphilis; its tendency (1) to solid growth, and (2) to ulceration and phagedæna. The importance of a better knowledge of the internal pathology of the secondary stage, with a view to the better comprehension of the relationships which exist between the secondary and tertiary phenomena. (It will be suggested that visceral lesions, gummata, etc., are more common in the secondary stage than is supposed.) The remarkable differences which exist between acquired and inherited syphilis: *a.* The great rarity of disease affecting the nervous centres in inherited syphilis. *b.* The rarity of tertiary gummata in inherited syphilis. *c.* The frequency of symmetrical forms of disease in the tertiary stage of inherited syphilis. The absence of any real relationship between scrofula and syphilis; and the specificity of all the phenomena which belong to the latter, at whatever stage observed.”

I am further instructed to inform you that the discussion on your paper will be strictly oral, and that no written reply to it will be allowed.

Should the thirty minutes allotted to you for the reading of your paper prove too short, the time will be extended, but briefness is earnestly requested.

Yours, very respectfully,

WM. GOODELL, M.D.,
American Corresponding Secretary.

International Medical Congress

— 1876. —

*The Centennial Medical Commission
have the honor to invite*

to attend the

International Medical Congress

which will convene in

Philadelphia, September, Fourth, 1876.

and to take part in its proceedings.

S. D. Gross,

President of Commission



AMERICAN CENTENNIAL CELEBRATION.

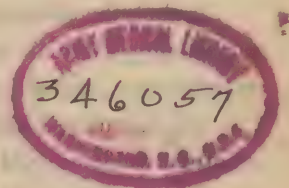
INTERNATIONAL MEDICAL CONGRESS.

The Medical Societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow-citizens in celebrating the Centennial Birthday of American Independence, have taken the initiatory steps for the formation of an INTERNATIONAL MEDICAL CONGRESS, by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given, the delegation has organized

THE CENTENNIAL MEDICAL COMMISSION,

WITH THE FOLLOWING OFFICERS:

<i>President,</i>	SAMUEL D. GROSS, M.D., LL.D., D.C.L. OXON.
<i>Vice-Presidents,</i>	<div> <div>W. S. W. RUSCHENBERGER, M.D., U. S. N.,</div> <div>ALFRED STILLÉ, M.D.</div> </div>
<i>Recording Secretary,</i>	WILLIAM B. ATKINSON, M.D.
<i>American Corresponding Secretaries,</i>	<div>DANIEL G. BRINTON, M.D.,</div> <div>WILLIAM GOODELL, M.D.</div>
<i>Foreign Corresponding Secretaries,</i>	<div>RICHARD J. DUNGLISON, M.D.,</div> <div>R. M. BERTOLET, M.D.</div>
<i>Treasurer,</i>	CASPAR WISTER, M.D.



Arrangements have been made for the holding of the CONGRESS in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress:—

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be nine, viz.:—

1. MEDICINE, including PATHOLOGY, PATHOLOGICAL ANATOMY and THERAPEUTICS.
2. BIOLOGY, including ANATOMY, HISTOLOGY, PHYSIOLOGY and MICROSCOPY.
3. SURGERY.
4. DERMATOLOGY and SYPHILOLOGY.
5. OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.
6. CHEMISTRY, TOXICOLOGY and MEDICAL JURISPRUDENCE.
7. SANITARY SCIENCE, including HYGIENE and MEDICAL STATISTICS.
8. OPHTHALMOLOGY and OTOTOLOGY.

9. MENTAL DISEASES.

IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest practicable date, in order that places may be assigned them on the programme.

In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships.

The Centennial Medical Commission tender in advance to their brethren in all parts of the world a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1876.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. cor. of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries.

WILLIAM B. ATKINSON, 1400 Pine Street, Philadelphia, *Recording Secretary.*

DANIEL G. BRINTON, 2027 Arch Street, } *American Corresponding Secretaries.*

WILLIAM GOODELL, 20th and Hamilton Sts., }

RICHARD J. DUNGLISON, 814 N. 16th Street, } *Foreign Corresponding Secretaries.*

R. M. BERTOLET, 113 S. Broad Street, }

ABSTRACT. *of the Minutes* *of the Congress*

It has been agreed that the Congress shall convene in September, 1876, and sit at least six days, before which body papers may be read upon topics of general importance to the profession.

For the governing of said Congress the following rules are proposed :—

Morning sessions from 9½ A. M., to be devoted to general business, papers, etc.

Afternoons to be occupied by sections.

That a general Introductory Address of Welcome shall be delivered by the President.

That Discourses be delivered upon Medicine and Medical Progress in the United States; Surgery; Obstetrics; Chemistry and Pharmacy; Materia Medica, Medical Jurisprudence, Hygiene, and General Science; Medical Biography; Medical Education and Institutions; Medical Literature.

Each State Society may send as many delegates as the State has Representatives in the Congress of the United States.

April 19. To make the Addresses the following were selected :—

Medicine, etc., Dr. A. FLINT, N. Y.

Surgery, Dr. P. F. EVE, Tennessee.

Obstetrics, Dr. TH. PARVIN, Indiana.

Therapeutics, Dr. A. STILLÉ, Pennsylvania.

Medical Jurisprudence and Toxicology, Dr. S. E. CHAILLÉ, Louisiana.

Hygiene and Social Science, Dr. H. I. BOWDITCH, Massachusetts.

Medical Biography, Dr. J. M. TONER, District of Columbia.

Medical Education and Institutions, Dr. N. S. DAVIS, Illinois.

Medical Literature, ~~Dr. L. P. YANDELL~~, Kentucky.

Mental Hygiene, Dr. J. P. GRAY, New York.

Physiology, Dr. L. S. JOYNES, Virginia.

Medical Chemistry, Dr. T. G. WORMLEY, Ohio.

May 17. The delegation to this commission from each Philadelphia Society shall be regarded as its official representation in the Congress.

June 30. Members of the Commission (not delegates) decided to be delegates to the International Medical Congress.

Three Committees agreed upon—of Arrangements, of Finance, of Publication.

Organizations of Sections referred to Committee of Arrangements.

Committee of Arrangements empowered to invite foreign gentlemen of distinction to deliver addresses.

August 3. September 6th chosen as date of opening Congress, and to continue six days. Suggested that length of addresses shall not exceed one hour.

American Medical Association requested to send as delegates one for each State and Territory.

All physicians duly accredited or approved by the Committee on Credentials to be admitted as delegates.

Admission fee to be \$10 for each American delegate, entitling him to a copy of the Transactions.

Dinner on evening of September 9th; fee for each American delegate not to exceed \$10.

International Medical Congress, 1876.

PHILADELPHIA, SEPTEMBER 4—9.

THE INTERNATIONAL MEDICAL CONGRESS

WILL BE FORMALLY OPENED

At noon, on Monday, the 4th day of September,

IN THE

UNIVERSITY OF PENNSYLVANIA,

Locust and Thirty-fourth Streets.

PROGRAMME OF PUBLIC BUSINESS.

Monday, September 4th.

Noon. GENERAL MEETING.

PRAYER, by the Rt. Rev. WM. BACON STEVENS, M.D.,
D.D., LL.D., Bishop of Pennsylvania.

ADDRESS OF WELCOME, by S. D. GROSS, M.D., LL.D.,
D.C.L. Oxon., President of the Centennial Medical
Commission.

GENERAL BUSINESS.

1 P.M. ADDRESS ON MEDICINE, by AUSTIN FLINT, M.D., Pro-
fessor of Practice of Medicine in Bellevue Hospital
Medical College, New York.

2 P.M. PUBLIC LUNCHEON.

3 P.M. MEETINGS OF SECTIONS.

SECTION I. MEDICINE.

Typho-malarial Fever; is it a Special Type of Fever?
Reporter, J. J. Woodward, M.D., Surgeon U. S.
Army.

SECTION II. BIOLOGY.

Microscopy of the Blood. Reporter, Christopher
Johnston, M.D., Professor of Surgery in the Uni-
versity of Maryland.

SECTION III. SURGERY.

Antiseptic Surgery. Reporter, John T. Hodgen, M.D.,
Professor of Surgical Anatomy and of Clinical Sur-
gery in the St. Louis Medical College.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

Variations in Type and in Prevalence of Diseases of the
Skin in Different Countries of Equal Civilization.
Reporter, James C. White, M.D., Professor of Der-
matology in Harvard University.

3 P. M. SECTION V. OBSTETRICS.

The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M.D., Professor of Obstetrics and Diseases of Women in the Chicago Medical College.

SECTION VI. OPHTHALMOLOGY.

The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Reporter, Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University.

SECTION VII. OTOTOLOGY.

Importance of Treatment of Aural Diseases in their early Stages, especially when arising from the Exanthemata. Reporter, Albert H. Buck, M.D., of New York.

SECTION VIII. SANITARY SCIENCE.

The Present Condition of the Evidence concerning "Disease-germs." Reporter, Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. MENTAL DISEASES.

The Microscopical Study of the Brain. Reporter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

8 P. M. PUBLIC RECEPTION, by the Medical Profession of Philadelphia, in the Judges' Hall, Exhibition Grounds, Fairmount Park. Entrance at corner of Elm and Belmont Avenues, by Carriage Gate, or Turnstile No. 55, adjoining.

Tuesday, September 5th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

11 A. M. ADDRESS ON HYGIENE AND PREVENTIVE MEDICINE, by HENRY I. BOWDITCH, M.D., President of State Board of Health of Massachusetts.

12 M. ADDRESS ON MEDICAL CHEMISTRY AND TOXICOLOGY, by THEODORE G. WORMLEY, M.D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

1 P. M. PUBLIC LUNCHEON.**2 P. M. MEETINGS OF SECTIONS.****SECTION I. MEDICINE.**

Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M.D., Physician to the New York Infants' Hospital. Medical Teaching. By Prof. A. P. Reid, of Halifax Medical College, Nova Scotia.

SECTION II. BIOLOGY.

The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

2 P. M. SECTION III. SURGERY.

Medical and Surgical Treatment of Aneurism. Reporter, William H. Van Buren, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

On Ambulances and Litters. By Dr. Bedoin, Médecin Major 8 Rég't. de Chasseurs à Cheval, France. (Translated by Wm. Ashbridge, M.D., of Philadelphia.)

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M.D., of New York.

Leprosy. By F. H. Enders, M.D., Government Physician to Sandwich Islands.

SECTION V. OBSTETRICS.

The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, A.M., M.D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

On the Management of Convulsions in Children, depending upon a High Temperature of the Body. By T. K. Holmes, M.D., of Chatham, Ontario, Canada.

SECTION VI. OPHTHALMOLOGY.

Tumors of the Optic Nerve. Reporter, Hermann Knapp, M.D., of New York.

SECTION VII. OTOTOLOGY.

What is the Best Mode of Uniform Measurement of Hearing? Reporter, Charles H. Burnett, M.D., Aural Surgeon to Presbyterian Hospital, Philadelphia.

SECTION VIII. SANITARY SCIENCE.

Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopædic Surgery in the University of the City of New York.

SECTION IX. MENTAL DISEASES.

Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M.D., of Philadelphia.

Wednesday, September 6th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

11 A. M. ADDRESS ON SURGERY, by PAUL F. EVE, M.D., Professor of Operative and Clinical Surgery in the University of Nashville.

12 M. ADDRESS ON MEDICAL BIOGRAPHY, by J. M. TONER, M.D., of Washington, D. C.

1 P. M. PUBLIC LUNCHEON.**2 P. M. MEETINGS OF SECTIONS.****SECTION I. MEDICINE.**

Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M.D., Professor of Theory and Practice of Medicine in Medical College of Ohio.

2 P. M.

The Treatment of Phthisis Pulmonalis. By Dr. E. G. Eliascopulus, of Galaxidi, Greece. (Translated by John Guitéras, M.D., of Philadelphia.)
 Etiology of Epilepsy. By W. B. Neftel, M.D., of New York.

SECTION II. BIOLOGY.

Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M.D., Professor of Physiology in the University of the City of New York.

SECTION III. SURGERY.

Treatment of Coxalgia. Reporter, Lewis A. Sayre, M.D., Professor of Orthopædic Surgery and of Clinical Surgery in Bellevue Hospital Medical College, New York.

Report of a Case of Sub-periosteal Excision and Disarticulation of the entire Inferior Maxillary Bone, for Phosphorus Necrosis. By J. W. S. Gouley, M.D., of New York.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J. Bumstead, M.D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

The Virus of Venereal Sores; its Unity or Duality. By Charles R. Drysdale, M.D., Senior Physician to the Metropolitan Free Hospital, London.

SECTION V. OBSTETRICS.

The Treatment of Fibroid Tumors of the Uterus. Reporter, Washington L. Atlee, M.D., of Philadelphia.

The Three most Important Obstetrical Instruments. By Prof. Lazarewich, University of Kharkoff, Russia.

On Electrolysis, especially for the Cure of Ovarian Cysts. By Frederic Semeleder, M.D., late Lecturer at the University of Vienna.

SECTION VI. OPHTHALMOLOGY.

Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati.

SECTION VII. OTOLOGY.

In what Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.

The General Subject of Quarantine with Particular Reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M.D., Supervising Surgeon-General U. S. Marine Hospital Service.

Disinfection in Yellow Fever. By C. B. White, M.D., of New Orleans.

SECTION IX. MENTAL DISEASES.

Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis, Mo.

- 7:30 P. M. ADDRESS: THE MEDICAL STAFF OF THE UNITED STATES ARMY, AND ITS SCIENTIFIC WORK, by J. J. WOODWARD, M.D., Surgeon U. S. Army. To be delivered in the Lecture Hall of the JEFFERSON MEDICAL COLLEGE, Tenth Street, between Chestnut and Walnut.

Thursday, September 7th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

- 11 A. M. ADDRESS ON OBSTETRICS, by THEOPHILUS PARVIN, M.D.; Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

- 12 M. ADDRESS ON MEDICAL JURISPRUDENCE, by STANFORD E. CHAILLE, M.D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

1 P. M. PUBLIC LUNCHEON.

2 P. M. MEETINGS OF SECTIONS.

SECTION I. MEDICINE.

The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M.D., of Denver, Colorado.

The Open Air Treatment of Consumption. By Henry MacCormac, M.D., of Belfast, Ireland.

SECTION II. BIOLOGY.

The Mechanism of Joints. Reporter, Harrison Allen, M.D., Professor of Zoology and Comparative Anatomy in the University of Pennsylvania.

SECTION III. SURGERY.

The Causes and Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M.D., of Mobile, Alabama.

Electrolytic Treatment of Malignant Tumors. By W. B. Neftel, M.D., of New York.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. L. Keyes, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages. By Charles R. Drysdale, M.D., Senior Physician to the Metropolitan Free Hospital, London.

SECTION V. OBSTETRICS.

The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

Paracentesis, Aspiration, and Transfusion. By Simon Fitch, M.D., of New York.

2 P. M. SECTION VI. OPHTHALMOLOGY.

Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M.D., of New York.

Relations between Refractive Lesions and Corneal Ulcers. By George C. Stevens, M.D., of Albany, New York.

SECTION VII. OTOTOLOGY.

What is the Best Mode of Determining the Hearing of School-Children, and how should partially Deaf Children be Instructed—in mixed classes with those who hear well, or in separate classes where due allowance will be made for their defective hearing? Reporter, Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

SECTION VIII. SANITARY SCIENCE.

Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago, Ill.

Universal Pharmacopœia. By E. R. Squibb, M.D., of Brooklyn, New York.

SECTION IX. MENTAL DISEASES.

The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M.D., Physician and Superintendent of Government Hospital for Insane, Washington, D.C.

Friday, September 8th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

11 A. M. ADDRESS ON MENTAL HYGIENE, by JOHN P. GRAY, M.D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, New York.

12 M. ADDRESS ON MEDICAL LITERATURE, by LUNSFORD P. YANDELL, M.D., late Professor of Physiology in the University of Louisville.

1 P. M. PUBLIC LUNCHEON.**2 P. M. MEETINGS OF SECTIONS.****SECTION I. MEDICINE.**

The Treatment of Simple Ulcer of the Stomach. By Dr. H. Lebert, formerly Professor of Clinical Medicine at Zurich and at Breslau. (Translated by Charles W. Dulles, M.D., of Philadelphia.)

Progressive Pernicious Anæmia. By R. P. Howard, M.D., of Montreal.

Alcohol in its Therapeutic Relations as a Food and a Medicine. By Ezra M. Hunt, M.D., of Metuchen, New Jersey.

SECTION II. BIOLOGY.

2 P. M. SECTION III. SURGERY.

Subcutaneous Division of the Neck of the Thigh Bone.
By Mr. William Adams, President of the Medical Society of London.

Penetrating Wounds of the Abdomen; with the Suggestions of a change of Practice in such Cases. By L. A. Dugas, M.D., Professor of Surgery in Medical College of Georgia.

On the Propriety of Opening the Sac in Strangulated Hernia. By Frederic Hyde, M.D., of Cortland Village, New York.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

Measures to prevent the Propagation of Venereal Diseases in Denmark. By S. Engelsted, Physician-in-Chief of the Copenhagen Hospital.

Prevention of Syphilis. By Charles R. Drysdale, M.D., Senior Physician to Metropolitan Free Hospital, London.

SECTION V. OBSTETRICS.

Uterine Hemorrhage. By Prof. E. H. Trenholmne, Professor of Midwifery and Diseases of Women and Children, Bishop's College, Montreal.

Chronic Inversion of the Uterus. By James P. White, M.D., of Buffalo, New York.

Retroversion of the Gravid Uterus. By T. F. Rochester, M.D., President of New York State Medical Society.

SECTION VI. OPHTHALMOLOGY:

Report of One Hundred Cases of Senile Cataract. By Dudley S. Reynolds, M.D., of Louisville, Kentucky.

SECTION VII. OTOTOLOGY.

Aural Vertigo with Variable Hearing. By Charles H. Burnett, M.D., Aural Surgeon to the Presbyterian Hospital, Philadelphia.

SECTION VIII. SANITARY SCIENCE.

Metrical System of Weights and Measures. By E. R. Squibb, M.D., of Brooklyn, New York.

Medical Missions. By J. G. Kerr, M.D., of China.

SECTION IX. MENTAL DISEASES.

Treatment of Inebriates in Asylums. By George Burr, M.D., of Binghamton, New York.

7 P. M. PUBLIC DINNER.

At St. George's Hall, S. W. cor. Arch and Thirteenth Sts.

Saturday, September 9th.**10 A. M. GENERAL MEETING.**

REPORTS FROM SECTIONS.

11 A. M.

ADDRESS ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS, by NATHAN S. DAVIS, M.D., Professor of Principles and Practice of Medicine in Chicago Medical College.

INTERNATIONAL MEDICAL CONGRESS.

DIRECTORY.

GENERAL SESSIONS, CHAPEL, 2d Story, Centre.

Section	I.	MEDICINE	2d Story, West.
"	II.	BIOLOGY	1st Story, West.
"	III.	SURGERY	2d Story, Centre.
"	IV.	DERMATOLOGY AND SYPHILOLOGY .	2d Story, West.
" ^a	V.	OBSTETRICS	2d Story, West.
"	VI.	OPHTHALMOLOGY	2d Story, East.
"	VII.	OTOLOGY	2d Story, East.
"	VIII.	SANITARY SCIENCE,	1st Story, West.
"	IX.	MENTAL DISEASES	1st Story, West.

COMMITTEE ON REGISTRATION, West side of Entrance Hall.

POST OFFICE AND HALL COMMITTEE, East side of Entrance Hall.

WRITING AND CONVERSATION ROOM, 1st Story, West.

COMMITTEE ON ENTERTAINMENT, 2d Story, Centre.

LUNCH ROOM, Basement.

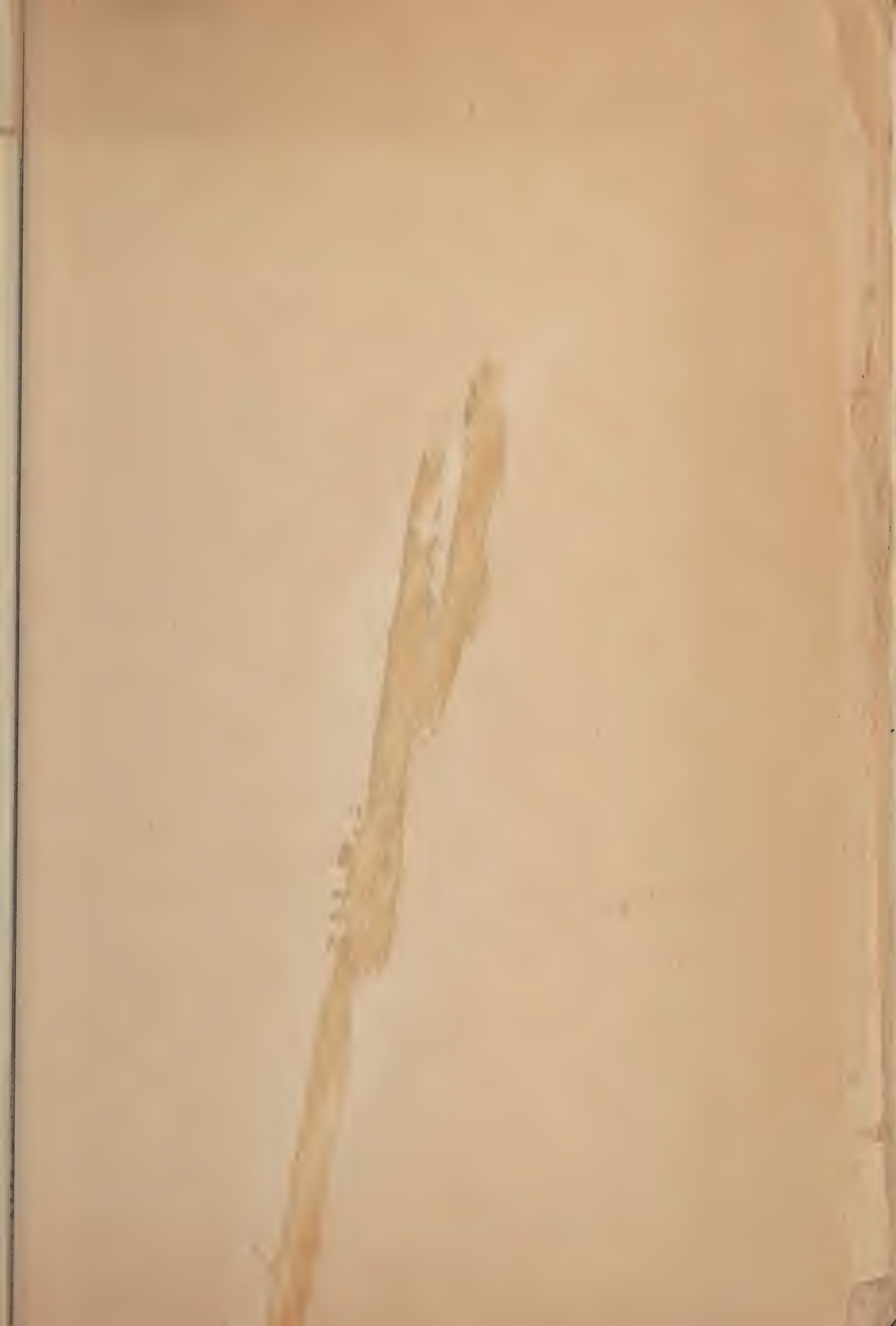
REGISTRATION.

Thursday, Aug. 31, Friday, Sept. 1, and Saturday, Sept. 2, at COLLEGE OF PHYSICIANS, Locust and Thirteenth Streets, from 12 M. to 3 P. M.

Monday, Sept. 4, at UNIVERSITY OF PENNSYLVANIA, from 9 to 12.

And daily thereafter from 9 to 10.

Letters for Members of the Congress, directed to the care of the College of Physicians of Philadelphia, during the Sessions of the Congress, will be delivered at the University of Pennsylvania.



INTERNATIONAL MEDICAL CONGRESS.

1876.

PHILADELPHIA, SEPTEMBER 4—9.

OUTLINES

OF

PAPERS PRESENTED BY THE REPORTERS ON

QUESTIONS ASSIGNED FOR DISCUSSION

IN THE SECTIONS.

PHILADELPHIA:
COLLINS, PRINTER, 705 JAYNE STREET.

1876.



OUTLINES

OF

PAPERS PRESENTED BY THE REPORTERS ON QUESTIONS
ASSIGNED FOR DISCUSSION IN THE SECTIONS.

SECTION I. MEDICINE.

FIRST QUESTION.—Typho-Malarial Fever; Is it a Special Type of Fever? Reporter, J. J. Woodward, M.D., Assistant Surgeon U. S. Army.

Preliminary remarks on the mortality of armies from disease, with comments on the comparison recently drawn by Professor Virchow between the mortality of the United States armies during the late civil war and that of the German armies during the war with France.

Fatality of camp fevers during the American civil war. General belief among medical officers early in the war that these fevers represented a "new type of disease." History of the introduction of the term typho-malarial fever. The proposition submitted that whenever great armies campaign in malarial regions the prevalent fevers are hybrids, between malarial fevers and some form of typhus. Historical illustrations from (a) the siege of Naples, 1528; (b) the Hungarian campaigns, from 1526 to 1788; (c) the morbus mucosus of Roederer and Wagler; (d) the Walchern expedition of 1809; (e) Virchow's comments on the fevers of the German army in France.

Remarks on the distribution of malarial fevers and of typhoid fever in the United States, and on their relation to season of year. Substitution of malarial fevers in particular regions, or at particular times, by typhoid. Early recognition of hybrid forms by Drake. Recognition of similar hybrids by European authors as well as by Americans.

The typho-malarial fever of the civil war. This term never meant to represent a specific type of fever, but intended to designate all the many-faced brood of hybrid forms resulting from the combined influence of the causes of malarial fevers and of enteric fever. Sketch of symptoms and pathological anatomy. Two great groups of cases; those in which the malarial element predominates, and those in which the typhoid element predominates. The scorbutic taint as a complication of either group during the civil war.

Adoption of the author's views since the close of the war by systematic writers.

SECOND QUESTION.—Are Diphtheritic and Pseudo-Membranous Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M.D., Physician to the New York Infants' Hospital.

I. Croup a local malady; diphtheritic laryngitis the expression or manifestation of a general malady.

II. Anatomical characters; identical in kind as regards the state of the larynx, but differing in degree or intensity.

III. Clinical facts, which indicate their duality.

THIRD QUESTION.—Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

Numerous references in the writings of the ancients to mental and nervous maladies. The influence in ancient times of those conditions supposed to be most active in our day in the production of nervous maladies, viz., social excitements, political revolutions, sexual excesses, indulgence in wine.

The recognition of nervous maladies in the sixteenth century.

If in modern times an increase in nervous maladies had occurred, the result must be exhibited to a limited extent in an increased sickness and mortality rate. With the improvement in the general well-being wrought by our modern civilization, a manifest increase in longevity has occurred. With an improved hygiene, the sickness rates and the mortality from epidemics have diminished.

The supposed increase in the number of nervous diseases is more apparent than real.

The art of printing has greatly increased the diffusion of knowledge amongst men, and hence every medical fact has not only a more prominent record, but is more generally known.

In modern times, within this century especially, nervous diseases have been more accurately studied and better differentiated.

The growth of a higher humanitarian sentiment has led to a more abundant provision for the insane.

FOURTH QUESTION.—The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M.D., of Denver, Colorado.

I. The past history of the climatic treatment of phthisis.

(a) The climates of high altitudes will be considered by their important attributes, which will be contrasted with the same qualities in less elevated health resorts; in America the elevated inland plains and "backbone" of the continent, between elevations of four and ten thousand feet, being matched with sea-side and inland resorts, below the elevation of two thousand feet.

II. *a. Temperature.*—Too much importance has been placed upon *equable temperature*, equability often entailing excessive moisture and other conditions

comparatively unfavorable to the majority of consumptives. Cool dry climates are better than warm moist ones.

b. Relative Humidity.—The injustice of the advocates of low climates in not considering this point noted. Is the comparison of high and low altitudes by the relative humidity of each, temperature being accounted for, fair? How does altitude affect humidity both absolute and relative? Cause of low relative humidity on the eastern Rocky Mountain slope.

c. Diathermacy of the Air.—A rule, depending upon elevation, given. The conditions for the greatest benefit from the direct influence of the sun grow more favorable with increasing elevation.

d. Electric tension, Ozone, etc.—Their increase in high altitudes, peculiar effects, and great utility. How can we best utilize atmospheric electricity? Relation of this topic to temperature and humidity.

e. Altitude.—The subject analyzed. The utility of the changed mechanical conditions of respiration. Influence of lessened atmospheric pressure upon the circulation and animal economy.

III. To what extent does phthisis originate above the elevation of 5000 feet? Instances analyzed. Favorable conditions for preventing phthisis and lengthening the years of the naturally short lived.

IV. In the treatment of phthisis the utility of high altitudes rests with the *adaptability* of climate to the needs of special forms and complications of the disease. Comparison of experience elsewhere. Injurious effects of great elevations, precautions, etc.

V. Relation of typical cases, with analysis; inferences and conclusions.

VI. When and how to go to the Rocky Mountain slope; kind of life to lead; advantages in winter and summer compared. A partial recovery necessitates a permanent residence. The remedy of high altitude too long delayed in the majority of instances. Duty of physicians in this regard.

SECTION II. BIOLOGY.

FIRST QUESTION.—Microscopy of the Blood. Reporter, Christopher Johnston, M.D., Professor of Surgery in the University of Maryland.

I. Introduction.—The original source of blood in vertebrates.

II. Elements of blood in vertebrates.

III. The normal elements having *form* exclusively considered, as regarded from two points of view: *a*, that of anatomy and physiology; and *b*, that of medical jurisprudence.

IV. Genesis of corpuscles.

V. Form of colored corpuscles; and *b*, their structure.

VI. Leucocytes.

VII. Size of colored corpuscles.

VIII. Their enumeration.

IX. The colored blood corpuscles in medical jurisprudence.

SECOND QUESTION.—The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

Is the liver, as far as the production of bile is concerned, an organ for secretion, for excretion, or has the bile functions both as a secretion and an excretion? The bile contains one substance, cholesterine, which is evidently separated from the blood by the liver and is not formed in the substance of the liver itself. The blood which goes to the liver contains more cholesterine than the blood which has circulated through this organ. It is evident that cholesterine is produced in certain of the tissues, particularly in the brain and nervous system. The blood gains cholesterine in its passage through the brain. In old cases of hemiplegia, there is no cholesterine in blood taken from the arm of the paralyzed side, while it exists in the blood from the sound side. In certain cases of structural disease of the liver, cholesterine accumulates in the blood and produces peculiar toxic effects. The same effects follow the injection of cholesterine into the blood of living animals. Cholesterine is an excrementitious substance; it bears the same relation to the liver that urea bears to the kidneys; it is discharged in the bile into the small intestine, is transformed during digestion into another substance (stercorine) and as stercorine exists in the fæces. In addition to the excrementitious function of the bile, this fluid has another function, which latter is connected with digestion and is essential to life.

THIRD QUESTION.—Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M.D., Professor of Physiology in the University of the City of New York.

FOURTH QUESTION.—The Mechanism of Joints. Reporter, Harrison Allen, M.D., Professor of Comparative Anatomy in the University of Pennsylvania.

(I.) Starting with the idea that joints are of dynamic and static values, it will be shown that in most movable joints the ball and socket arrangement predominates. When the ball is supported by the socket, as at the occipito-atloid articulation, *rest* is suggested. But when the ball is suspended from the socket, as at the temporo-maxillary articulation, *motion* is suggested. Attempts will be made to illustrate the etiology of fracture and dislocation by reference to this method of study.

(II.) It will be premised that articular surfaces are of three kinds: *axial*, *actinic*, and *lateral*. The *axial* or primary surfaces are those situated upon proximal and distal ends of a bone in the line of its longitudinal axis. The *actinic* or secondary (rarely seen) are those placed in a line which is deflected from the longitudinal axis. The *lateral* or tertiary are those situated upon the sides of the shaft or body of a bone and serve for articulation with corresponding surfaces of other bones.

E. g. The outer femoral condyle is axial, since it is placed in the line of the longitudinal axis of the femur. The internal femoral condyle is *actinic*, since its

line intersects the long axis of the femur, from which it may be said to be deflected. The *lateral* facets of the metatarsal or tarsal bones serve to illustrate the lateral kind.

(III.) Axial surfaces, it is believed, are static; actinic surfaces are dynamic; while lateral surfaces have subordinate degrees of value—some of them being adventitious. The outer femoral condyle is active in extension = static; the inner femoral condyle is active in flexion = dynamic; but the lateral facets have no independent action.

(IV.) Joints are fixed or locked at extremes of flexion and extension, and are most relaxed at the intervals between these extremes. An application of these premises will be made to the etiology of dislocation.

(V.) It will be assumed that when a facet is actively employed it enters into a combination with which the entire limb is in harmony. Hence in the study of any one facet its relations to all others of its kind, as well as to the bones, muscles, and fasciæ of its limb, become essentials.

(VI.) It will be shown in conclusion that a correct knowledge of the symptomatology and treatment of diseases of the joints is dependent upon a true conception of the complex nature of articular surfaces.



SECTION III. SURGERY.

FIRST QUESTION.—Antiseptic Surgery. Reporter, John T. Hodgen, M.D., Professor of Surgical Anatomy and of Clinical Surgery in the St. Louis Medical College.

I. Putrefaction may and does occur in the solids and liquids of the body both with and without the direct contact of germs borne in the air or water.

II. Putrefaction of the solids and liquids of an open wound may in many cases be prevented if the contact of living germs with the surface is not permitted, or by destroying their vitality after contact with it.

III. It is possible that the living solids and liquids of the body may be so altered that they shall not furnish the conditions necessary to putrefaction.

IV. Practically the conditions to be met in preventing putrefaction are so difficult that in many cases it is impossible to comply with them. Yet, even partial success is eminently worthy of our best efforts.

SECOND QUESTION.—Medical and Surgical Treatment of Aneurism.

Reporter, William H. Van Buren, M.D., Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

After a glance at the causes of aneurism and the sources of information at the command of the reporter, he will rapidly enumerate the several modes of treatment at present in use, and endeavour to estimate the remedial value and especial applicability of each, aiming to furnish an answer to the following question:—

In a given case of aneurism what method or methods, in the present state of our knowledge, promise the most safe and most certain cure?

Incidentally the following mooted questions will be touched upon, viz.: (a) why the blood coagulates so much more promptly in some cases of aneurism than in others where conditions are apparently alike; (b) the value of antiseptic treatment in securing quick union of the wound after applying a carbolized catgut ligature for the cure of aneurism after the Hunterian method; (c) the propriety of employing the carbolized catgut ligature upon a large artery; (d) the value of the "constricting" ligature of silver wire; (e) the comparative value of rapid and slow pressure; (f) the value of galvano-puncture—of coagulating injections, etc. etc.

THIRD QUESTION.—Treatment of Coxalgia. Reporter, Lewis A. Sayre, M.D., Professor of Orthopædic Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

1st. Describe Coxalgia, and divide the disease into three different stages, giving the symptoms in each stage, so that they can be accurately diagnosed.

2d. The pathological changes in the joint in the three different stages of the disease.

3d. The etiology or causation of the disease—

- (a) That the disease may occur in *any* person from a sufficient exciting cause, and that it is not of necessity of scrofulous origin.
- (b) That, instead of being a constitutional disease, arising without any exciting cause except the general taint of the system, proof will be offered that it is *traumatic* in its origin almost always if not always.

4th. The treatment in the different stages—

- (a) Proper treatment in the majority of cases will result in recovery with good or perfect motion and without deformity.
- (b) If proper treatment has been neglected until the bone has become carious, *exsection* is *justifiable* and far preferable to the slow exfoliations of nature, giving much better results as to the usefulness of the limb, and infinitely better as to deformity of the body and *motion* of the joint.

FOURTH QUESTION.—The Causes and Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M.D., of Mobile, Alabama.

In treating this subject, a brief notice will be made of the varieties and constituents of calculous concretions, tracing the formation and *probable* causes of gravel in the kidney, and afterwards of stone in the bladder:—

(a) I shall consider hereditary influences governing diathesis, with the effect of habit and mode of life upon the formation of these deposits.

(b) Reference will be made to climate, food, water, and the default of exercise, as bearing upon healthy digestion and assimilation.

(c) The influence of age, sex, race, and occupation will be considered, and notice taken of moral and physical emotions; also the mechanical and traumatic causes of these affections.

(d) The agency of the colloids in the formation of calculi will be examined.

(e) A review of the manner of formation of gravel in the kidney, its passage through the ureter, and lodgment in the bladder; and an outline of the geographical sections in which calculous diseases are found to abound, with a summary of their probable causes, will complete the paper.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

FIRST QUESTION.—Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Reporter, James C. White, M.D., Professor of Dermatology in Harvard University.

SECOND QUESTION.—Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M.D., of New York.

I. Nature of the eruption in constitutional disorders affecting the skin, as in the contagious fevers, syphilis, etc.

II. Nature of local diseases.

III. Microscopic anatomy of eczema and psoriasis.

IV. Clinical history of eczema and psoriasis: *a*, age; *b*, sex; *c*, location; *d*, relapses; *e*, hereditary transmission; *f*, gouty and rheumatic symptoms; *g*, urinary disturbances; *h*, bronchitis, etc.

V. Clinical history of local diseases, epithelioma, verruca, parasitic and mechanical diseases of the skin, etc.

VI. Effect of local treatment.

VII. Effect of constitutional treatment.

THIRD QUESTION.—The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J. Bumstead, M.D., late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York.

Three views as to the origin of Venereal Sores have been entertained:—

1st. All Venereal Sores are due to a single, specific virus, the virus of syphilis.

2d. Some Venereal Sores are due to the syphilitic virus, and others to a distinct virus, known as the *chancroidal*.

3d. Some Venereal Sores are due to the syphilitic virus, and others to the inoculation of the products of simple inflammation, in which latter case no specific virus exists.

The evidence for and against each of these suppositions, drawn from clinical experience and artificial inoculation.

FOURTH QUESTION.—The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. L. Keyes, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

I. Does a mild beginning in syphilis necessarily indicate that the malady will run a mild course so that the duration of treatment may be regulated thereby?

II. Is the internal use of mercury debilitating?

III. When is mercury useful in syphilis? Has it any control over the late symptoms?

IV. When is iodine useful in syphilis? Can it replace mercury in any stage of the disease?

V. Does iodine act by liberating mercury lying latent in the tissues?

VI. Should treatment be continuous or interrupted?

VII. General outline of a course of internal treatment.

VIII. Conclusions, negative and positive.



SECTION V. OBSTETRICS.

FIRST QUESTION.—The Causes and the Treatment of Non-Puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College.

I. A sequential classification approached by showing

(a) That the uterus is prone to hemorrhage, because of the conditions connected with menstruation.

(b) That the causes of metrorrhagia act by aggravating these conditions.

(c) That these causes sometimes have their origin in the nervous system and sometimes in the vascular.

(d) That of the latter causes some operate by increasing the flow of blood through the uterine vessels, while others effect the same results by retarding the current of blood in them.

II. The treatment consists

(a) In removing the causes, and

(b) In surgical, mechanical, and medicinal means to check the flow in great emergencies.

SECOND QUESTION.—The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, A.M., M.D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

After defining a narrow pelvis, and describing the more common kinds of pelvic deformity, the following topics, regarding alone the mechanism of labor, will be introduced for discussion:—

I. How does the head enter and pass the brim in the flat pelvis; and how in the generally contracted pelvis? The commonly accepted doctrine of the initial flexion of the head will here be contested.

II. How does the after-coming head behave in the flat pelvis; and how in the generally contracted pelvis?

III. What effect has instrumental interference on the mechanism of labor in such pelves?

IV. Has turning any mechanical advantages over the use of the forceps?

V. General conclusions deduced from a consideration of the above questions.

THIRD QUESTION.—The Treatment of Fibroid Tumours of the Uterus.
Reporter, Washington L. Atlee, M.D., of Philadelphia.

The subject will be treated mainly from the standpoint of personal experience.

Two principal divisions of the subject are:—

I. Tumors usually accompanied with hemorrhage, embracing (a), fibroids occupying the vaginal canal; (b), fibroids within the cavity of the uterus; (c), interstitial submucous fibroids; (d), interstitial fibroids proper; (e), recurrent fibroids.

II. Tumors usually not accompanied with hemorrhage, including (a), interstitial subperitoneal fibroids; (b), sessile peritoneal fibroids; (c), pedunculated peritoneal fibroid; (d), interstitial cervical fibroid; (e), myomatous degeneration of the uterus; (f), fibro-cysts of the uterus.

The best mode of treatment both surgical and medicinal—the removal of tumors *per vias naturales*—and by abdominal section—the propriety of extirpating a fibroid uterus by either of these methods—a consideration of the several agents which are supposed to control the growth of fibroid tumors.

FOURTH QUESTION.—The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

Puerperal fever a generic term.

Varieties.—Distinction between non-infectious and infectious forms.

(a) The non-infectious form the result of—

Traumatic injuries.

Old peritoneal adhesions.

Disregard of hygienic precautions.

Mental influences.

(b) The infectious form a septic disease—

Local lesions the usual though not the necessary point through which the poison enters the system.

Relations of bacteria to puerperal fever.

The influence of erysipelas, scarlatina, diphtheria, etc., upon the puerperal state.

Atmospheric influences.

Causes.—Deductions drawn from—

Civil Statistics.

Hospital Statistics.

Private Practice.

Prevention.—Rules based upon our knowledge of causes.

Practical Results.

SECTION VI. OPHTHALMOLOGY.

FIRST QUESTION.—The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the best mode of applying them. Reporter, Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University.

I. Affections of the conjunctiva in which neither caustics nor astringents are indicated;

II. The various forms of conjunctivitis, and the extent in which caustics or astringents may be usefully applied;

III. The modes of applying these remedies to best advantage;

IV. Complications—in which the conjunctivitis is the result of other morbid processes—or in which the existing morbid conditions are the consequence of previous conjunctivitis, with the treatment of such complications.

SECOND QUESTION.—Tumors of the Optic Nerve. Reporter, Hermann Knapp, M.D., of New York.

THIRD QUESTION.—Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati, Ohio.

FOURTH QUESTION.—Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M.D., of New York.

I. The hereditary predisposition of myopia.

(a) How far the law of direct transmission is influenced by the secondary law of heredity, which expresses itself in the tendency to revert to the normal standard.

(b) How far this tendency is influenced by intermarriage of different races, change of occupation, food, and manner of living.

These topics will be illustrated by a brief comparison of the statistics of foreign countries with those taken in America.

II. The development of the normal eye, and its relation to the conus and posterior staphyloma.

(a) Is the *conus* an anatomical and congenital defect inherent in myopic eyes, and such that become myopic through hereditary tendency? or

(b) Is it simply the expression of a distension of the investing membranes which may occur in any eye from various causes?

III. The action of the ciliary muscle as a cause of myopia.

(a) The anatomy of the part and its relation to myopia.

(b) Can the continued contraction of the ciliary muscle produce myopia, either primarily through a permanent increased curvature of the lens, or secondarily through tension and irritation of the deeper seated membranes?

(c) A short consideration of the statistics published by various authorities in regard to spasm of the muscle.

(d) An inquiry whether negative accommodation, even in connection with faulty refraction, can ever produce myopia and posterior staphyloma.

SECTION VII. OTOTOLOGY.

FIRST QUESTION.—Importance of Treatment of Aural Diseases in their Early Stages, especially when arising from the Exanthemata.
Reporter, Albert H. Buck, M.D., of New York.

I. Remarks will be based exclusively on affections of the middle ear associated with the formation of pus.

II. Chronic purulent inflammation of the middle ear is a common affection among the individuals of a community.

III. The serious nature of this form of disease, oftentimes impairing the hearing very markedly, and occasionally terminating in death.

IV. The anatomical relations of the middle ear afford an explanation of the serious results that may follow an acute inflammation of these parts.

V. The impotent nature of the means commonly employed for the relief of such an inflammation.

VI. The great value of paracentesis of the *membrana tympani* as a preventive of chronic purulent inflammation of the middle ear, and all its serious consequences.

VII. The general practitioner urged to acquaint himself with the use of the speculum and mirror, as means of ascertaining accurately the condition of the ear.

SECOND QUESTION.—What is the Best Means of Testing the Hearing?
By CHARLES H. BURNETT, A.M., M.D., Aural Surgeon to the Presbyterian Hospital in Philadelphia.

I. Consideration of the character of the three principal tests (the watch, the tuning-fork, and speech) in use among aurists. The manner in which these tests are heard by the normal ear, and wherein the diseased ear fails to hear them.

(a) The *watch*, once classed among unmusical sounds or noises; lately classed among musical tones. Its value, applicability, etc.

In using the watch as a test it is important to bear in mind the intensity as

well as the position of its note in the musical scale. Its limited applicability; The stop-watch most useful; conclusions respecting the watch as a test for hearing.

(b) The *tuning-fork*. Its note heard by the normal ear better through the air than through the bones of the head. When conveyed to the ear through the air the tones of the tuning-fork are tests of the capability of the sound-conducting, as well as for the sound-perceiving apparatus. The notes of the tuning-fork may be conveyed through the bones of the head; *bone conduction*. Phenomena consequent upon placing a vibrating tuning-fork on the parietal protuberances of one having normal hearing—Blake's Kœnig's Rods. Aerial and bone conduction of the vibrations of a tuning-fork in diseases of the ear. The tuning-fork used chiefly in the latter way.

Conclusions respecting the tuning-fork as a test.

(c) *Speech*; what it consists of acoustically. Its great range in comparison to either of the other tests mentioned. The vowels the most powerful and musical of all its notes. Their classification. The consonants also admitted to the rank of periodic, and hence musical sounds. Whisper and louder speech as tests. The failure on the part of the diseased ear to hear all or part of these tests of speech.

II. Deficiencies and discrepancies in the hearing power of the diseased ear. In some cases the power to hear certain sounds in the musical scale drops out, while the power to hear others remains comparatively good.

Can disease be diagnosed by the manner in which an ear hears certain tests? If so, what will give most aid in such a search? Most probably the voice.

III. *Manner of Testing*.—(a) The importance of isolation of the better ear, during the test, in one-sided deafness. In any case, important to know how much is heard through the air, and how much is conveyed through the bones of the head. Want of precision in this has led to great errors in diagnosis and prognosis, in cases in which the nerve is good, but in which the sound-conducting apparatus, chiefly the middle ear, has been greatly diseased.

(b) Consideration of what is needed for any form of test. An arbitrary sound unit may be established. Its usefulness and its objections. An apparatus might be made to give out a set of notes of fixed value. The usefulness of such an apparatus as well as its disadvantages. How well the demands of any test are met by watch, tuning-fork, and *human voice*. Conclusions favourable to the latter drawn from preceding remarks.

THIRD QUESTION.—In what Percentage of Cases do Artificial Drum-Membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

I. After reviewing the history of the artificial drum-membrane, there are considered (a) the condition of the ear admitting of its use, (b) contra-indicating conditions.

II. The forms of artificial drum-membranes (under which head a preference will be stated for Yearsley's cotton-wool).

III. The offices performed functional and therapeutical.

IV. When the conditions are the most favorable it will be claimed that the cases are the fewest in number where the artificial drum-membrane will be worn, whether the reasons be objective or subjective.

FOURTH QUESTION.—What is the best Mode of Determining the Hearing of School Children, and how should Partially Deaf Children be instructed—in Mixed Classes with those who hear well, or in Separate Classes where due allowance will be made for their defective hearing? Reporter, Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

I. The methods of testing the hearing, preference being given to (*a*) test with the human voice as proposed by Oskar Wolf, for classes of consonant sounds at varying distances; (*b*) tests with the watch and musical tones. In cases of defective hearing detected in school children, an examination of the condition of the ear will be advised with reference to progress in defect of hearing and classification accordingly.

II. Classification according to degree of defect in hearing, in accordance with which it will be advisable either to place the child in an ordinary school or in a special class. This heading will necessarily include a consideration of the diseases which most commonly cause deafness in children.

III. Consideration of that class requiring special instruction, for which preference will be given to the system of visible speech or lip reading in contrast to the sign language.

Under the first heading will be given a form for tabulation of examination of the ears in school children.

Under the second heading will be considered the facilities at present afforded in common schools for the instruction of partially deaf children.

Under the third heading an illustration of the method of instruction by visible speech.

SECTION VIII. SANITARY SCIENCE.

FIRST QUESTION.—Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago, Ill.

SECOND QUESTION.—Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopædic Surgery in the University of the City of New York.

THIRD QUESTION.—The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever. Reporter, John M. Woodworth, M.D., Supervising Surgeon-General United States Marine Hospital Service.

After reviewing briefly the practice of quarantine in the past, and as at present administered, the mode of propagation of cholera and yellow fever will be discussed with the view of arriving, as near as possible, at what precautions are necessary and what restrictions superfluous in the administration of quarantine,

which will lead to the principal question—the practice and methods which should be pursued to secure the greatest protection to the public health against cholera and yellow fever with the least restriction upon commerce:—

- (a) In this connection will be considered the want of prompt information to threatened ports of the shipment of passengers or goods from infected districts;
- (b) The question of time as an element in quarantine;
- (c) The value and practice of disinfection;
- (d) The importance of municipal sanitary coöperation; and
- (e) What may be gained by imparting to masters of vessels correct views of sanitary measures to be enforced by them in outbreaks of cholera or yellow fever on shipboard, etc.

FOURTH QUESTION.—The Present Condition of the Evidence concerning “Disease-germs.” Reporter, Thomas E. Satterthwaite, M.D., of New York.

The (1) Vegetable Germ Theory in contradistinction from other prominent theories, especially (2) the Bioplasm Theory, and (3) the Physico-Chemical Theory.

Especial attention will be directed towards the following general topics: (a) The agency of minute organized particles of a vegetable nature in the production of fermentation and putrefaction; (b) the epidemic diseases of certain plants and animals in their relation to minute vegetable organisms; (c) rapid multiplication of bacteria *pari passu* with the rapid spread of disease manifestations throughout the system; (d) the constant ratio between the most active changes in the so-called septic diseases, such as pyæmia, erysipelas, and puerperal fever, with the numerical increase in bacteria at the points involved; (e) can any strictly chemical substance be a fever producer? (f) bacteria and disease poisons: their capacity for successfully maintaining active properties; (g) inoculation of bacteria in healthy tissues.

The following special topics will then be considered:—

I. Bacteria: (a) their classification; (b) diagnosis; (c) appearances under varying conditions.

II. The poisonous fluids of infective diseases, as regards their physical properties and the solid particles contained in them.

III. The value of vacuum tube experiments.

IV. How far are either the Bioplasm or the Physico-Chemical Theories competent to explain the spread of infective diseases?

V. The poisons of special diseases, such as cholera, smallpox, the carbuncular diseases of men and animals, typhus and relapsing fevers and diphtheria, in their relations to minute organisms.

SECTION IX. MENTAL DISEASES.

FIRST QUESTION.—The Microscopical Study of the Brain. Reporter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

A brief statement will be made outlining the progress made by recent investigators in studying the pathological histology of the brain in insanity, and the following subjects will be introduced.

(a) The importance of microscopic observations of the several cerebral membranes, to determine their pathological condition, and the relations that the various pathological states hold to the forms of mental aberration.

(b) The abnormalities in arterioles and capillaries, including the various deposits on the walls of the vessels; engorgement and its consequences; the several changes observed in the coats of the vessels; occlusion from minute thrombi; and embolism; alterations in the course of the vessels, and the effect these conditions have upon the surrounding brain tissue.

(c) Miliary aneurisms and miliary hemorrhages; the effect they have in the production of brain disease.

(d) The peri-vascular sheath, and peri-vascular canal, as they are found in cases of insanity, will be considered in their relations to adjacent brain tissue.

(e) The various alterations of structure and form noted in nerve cells and nerve fibres, in the several forms of insanity.

(f) The abnormalities in the neuroglia, and the conditions called "miliary sclerosis," and "colloid degenerations," will be described, and the influence each condition has in impairing normal cerebral action will be discussed.

(g) The various pathological conditions found in the microscopic examination of the brain in a number of cases of insanity, will be illustrated by means of photo-micrographs, made from fresh and prepared specimens. The pathological states observed will be considered with reference to the mental symptoms noticed during the course of the various forms of insanity.

SECOND QUESTION.—Responsibility of the Insane for Criminal Acts.

Reporter, Isaac Ray, M.D., of Philadelphia.

Still great differences of opinion among physicians, lawyers, and men of the world, on the question how far insanity shall be admitted as an excuse for crime. Lord Hale's doctrine that partial insanity—that in which the patient is reasonable and correct on many subjects—does not necessarily exempt one from the penal consequences of crime, still shapes the decisions of English and American courts. Tests for determining what kind of partial insanity does and what does not excuse for crime are diverse, unsatisfactory, and none supported by correct scientific knowledge of insanity. Delusion has been decided to be a sufficient excuse only when the criminal act committed under its influence would have been legally justified had the delusion been true. Notwithstanding many of the insane think and act correctly to some extent, yet it is impossible to say with any near approach to certainty in any given case where sanity ends and insanity begins.

Two mistakes are made by lawyers in estimating the responsibility of the insane, viz., they define the scope of the influence of the mental disorder in an arbitrary manner, unsupported by the facts of psychological science, and they regard the affective faculties as without any part in the play of disease. The latter mistake pervades the theories of the law and the judgments of those who pretend to no law. The moral like the intellectual faculties are dependent for their exercise on the brain—the larger part of the brain, probably, being devoted to this purpose. Consequently, disease of the brain must necessarily affect the manifestations of these faculties. Whether the one or the other class, or both, is affected will depend on the part of the brain diseased. Sanity supposes the integrity of all the faculties, moral as well as intellectual. If this integrity is destroyed, insanity is the result wherever the lesion may be. Whatever faculties may be affected or not affected, apparently, responsibility is presumably impaired. It is for the party alleging the contrary to prove it. Punishment of persons admitted to be insane, for criminal acts, has been advocated for the sake of the example. No good effect can be shown by a single case in point. Patients in our hospitals are never punished; they may be deprived of a favor or privilege which they have shown themselves incapable of using properly.

Wrong as our present mode of procedure is, no change for the better seems very practicable, unless it may be that which takes the question of insanity entirely from the court and gives it to the jury as one exclusively of fact.

THIRD QUESTION.—Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis, Mo.

The feigning of insanity by the sane has been long recognized as a practical fact. The possibility of similar efforts on the part of men really insane has been ignored or forgotten. The fact that the proof of simulation possesses no real practical value, in the case of a person already adjudged to be insane, is, probably, one cause of the rareness of recorded cases.

Advanced general dementia is incompatible with simulation. Acute and general mania is also incapable of coexistence with feigning. In recovery from the latter condition, circumstances might easily give rise to simulation of a state recently passed through. Experience and observation might certainly help to an excellent imitation of a state so lately endured.

Simulation requires and implies some degree of rationality, and usually some motive. This is by no means incompatible with insanity. In the remissions of periodic mania, in certain cases of chronic general mania and certain forms of hysterical mania, and especially in affective or moral insanity without distinct intellectual impairment, simulation is perfectly possible and practicable. The existence of susceptibility to ordinary motives is recognized in the management of every insane asylum.

Striking instances of success in the simulated abandonment of delusions, so common in alienistic literature, suggest an equal facility at invention or pretence.

The criminal classes of our great cities are born and trained to deception. Simulation might very naturally be added to constitutional infirmity. Such cases probably occur oftener than is supposed. Many famous and historic cases might be most correctly characterized as compounds of simulation with actual disease.

Rarely does insanity affect all the faculties alike. Among the rational acts done by the insane man simulation may happen to occur. Especially probable is it that a man recovering from mania might imitate the crazy acts recently prompted by disease if adequate motive existed.

Simulation is peculiarly practicable in those forms of insanity which involve the affective faculties, leaving the intellect comparatively untouched.

The question of responsibility in cases where simulation is mingled with actual disease is a very difficult one. The ancient legal test, "knowledge of right and wrong," is here wholly inadequate.

The motive for simulation in the insane of hysterical tendencies is often the craving for sympathy and attention. Occasionally, however, it seems to be wholly motiveless—a mere freak of disease.

We should beware of inferring because of detected simulation, the non-existence of disease.

FOURTH QUESTION.—The Best Provision for the Chronic Insane.
Reporter, C. H. Nichols, M.D., Physician and Superintendent of
the Government Hospital for the Insane, Washington, D. C.

of medical publications, until the library is made as complete as possible.

Second. That in view of the necessity of what is known as a *Catalogue raisonné* in order to render the library properly available for reference, this International Medical Congress urge the importance of an early completion and publication of such a catalogue.

Third. That the specimen Fasciculus of the catalogue, which is stated to be nearly ready for the press, affords evidence of great labor and care, and the arrangements for convenience of reference is believed will prove in all respects satisfactory.

Fourth. That those of the delegates to this International Medical Congress who are citizens of the United States, and other members of the medical profession in this country, are urged individually to exert their influence to secure the enlargement of the library and the speedy publication of the catalogue.

The Committee

On Nominations

presented the following additional report, which was adopted:—

Committee on Publication (with power to choose its chairman and an editor)—Dr. J. Ashurst, Jr., Dr. R. J. Dunglison, Dr. William Goodell, Dr. J. H. Hutchison, Dr. Caspar Wister.

Treasurer—Dr. Caspar Wister.

Vice-Presidents of the Sections—Medicine, Dr. R. P. Howard, Canada; Dr. J. J. Woodward, U. S. A. Biology, Dr. A. Flint, Jr., New York; Dr. F. W. Campbell, Canada. Surgery, Dr. J. A. Grant, Canada; Dr. J. Ashurst, Jr., Philadelphia. Dermatology and Syphilology, Dr. S. Eaglestet, Copenhagen; Dr. E. Shippen, U. S. Navy. Obstetrics—Dr. A. Simpson, Edinburgh; Dr. W. H. Byford, Illinois.

Ophthalmology—Dr. William Thomson, Philadelphia; Dr. W. H. William, Texas.

Otology—Dr. A. Back, New York; Dr. C. J. Blake, Boston.

Sanitary Science—Dr. J. S. Billings, United States Army; Dr. H. B. Baker, Michigan.

Mental Diseases—Dr. J. Kay, Philadelphia; Dr. E. Grissom, New Orleans.

An address on Hygiene and Preventive Medicine was read by

Henry J. Bowditch, M. D.

President of the State Board of Health of Massachusetts, and President of the American Medical Association. The paper states that public hygiene, as we now understand that term, has, till within a very short time, been woefully neglected, even when, under the stimulus of some great and terrible epidemic, frantic but temporary efforts have been made to stay the plague by hygienic or by other means. Of late, however, a new and better era seems opening to our view, and State preventive medicine affords us higher hopes for all coming time. To this last, this noblest phase of public hygiene, its very gradual evolution out of the dogmatism and skepticism of the past, its present status, our duties relative thereto, and our golden hopes for its future, the writer craves the candid consideration of the Congress.

We cannot, in the consideration of them, confine our view simply to this country, but must frequently refer to the men and ideas of other countries, as well as to those of our own.

In its medical social progress, the past century easily divides itself into

Three Unequal Epochs,

viz., first, from 1776 to 1832, the era of theory and of dogmatism; second, from 1832 to 1869, is that of strict observation, and of bold, often reckless, skepticism; third, from 1869 to 1876, which is destined to continue and progress while the nation itself lives, the noblest and most beneficent of all. It is the epoch of State preventive medicine.

The illustrious Boerhaave began to enunciate his doctrines of disease at Leyden in 1701. His doctrines held sway in America until about 1755, or ten years before the opening of our centennial period. Following closely after him came Hoffman, Cullen, Brown, Darwin, and each with his own peculiar system.

Our own ingenious and renowned countryman, Benjamin Rush, in 1790 proclaimed his own ideas, viz., that a convulsive motion of the arteries is the proximate cause of all fevers, however different the causes may be. Benjamin Rush was one of the most noteworthy men this country has produced, and he had more influence than any other one person upon medical opinion during the first epoch. Dr. Rush's theory and dogmatism were destined to fall under the influence of the fascinating theories of Broussais. The epoch in this country began when Dr. Gerhard, of Philadelphia, and Dr. Jackson, of Boston, returned to America.

We need faith in an idea before we can actively build it up, and this we find in the third epoch. The medical profession owe to the laity the first great effort made in behalf of State preventive medicine. Its destiny is fixed, and the ideas underlying it will always be held in high esteem.

In 1869 a State Board of Health was established in Massachusetts. Europe has influenced us in this matter, and by far the greatest influence has been from England. The United States Government has done a vast sanitary work. As the Crimean war told the world much relative to this subject, so did our late war bring forward many beneficent institutions. Through these money and food were distributed to the sick and wounded, as well as to friends.

The National Quarantine Convention. so-called, also had an extensive influence. Every surgeon, Federal or Confederate, who served during the war became more practically versed in

the prevention of disease than he was before. The American social science has done a good work during the past few years.

During the past three or four years there has sprung up throughout the country a thought of the great necessity for hygienic measures. A large majority of the States and Territories of this Union do not appreciate the duties devolved upon them to care for the health of their citizens. Of the forty-eight governments of this Union but thirty-four show any care for the health of their citizens.

With reference to public hygiene, thirty-six States and Territories reply that they are unwilling to spend money for the formation of local or State Boards of Health, and ten reply yes.

To the question, Is a State willing to spend money to prevent the adulteration of food? twenty-three answered no and sixteen yes.

Twelve only of the States have State Boards of Health and not one has a full list of correspondents. Twenty States answer that they have a law for the registration of births, deaths, and marriages, and sixteen have none.

Twenty-four States report that nothing has been done for the drainage of land, and one cannot but recommend the example of Illinois to the example of her sister Legislatures. What the Moors did for Grenada the Mormons have to a certain extent done for our Great American desert.

Several large cities in this Union are likely to be subject to cholera or some other disease in consequence of the water supply. There should be a law that every child should be vaccinated at birth, and at certain periods thereafter.

Relative to the passage of a law regulating

Tenement Houses

for the poor, Dr. Bowditch said there are houses in this country and in Europe where the poor are obliged to reside, and where it is impossible for them to grow up except to crime, filth, and disease.

Two-thirds of the people of this Union are living utterly regardless of whether they are drinking pure water, or water impregnated with filth.

We now stand at the door of the greatest epoch ever seen in medicine. Our art looks at present to the prevention as well as the cure of disease. Our present duty, said the Doctor, is organization; the aged may give counsel to the young of the present. He appealed with all the earnestness at his command to the young men of the present hour. There are bright hopes for the future, and public hygiene is founded upon natural law.

An address on Medical Chemistry and Toxicology was then read by

Theodore G. Wormley, M. D.

Professor of Chemistry in Starting Medical College, Columbus, Ohio. He said everywhere an effort was made in the early ages to make nature reveal some secret that would be of use in the healing art. It is now only a century since chemistry has taken its place as a science. Only two years ago the chemists of Great Britain and Europe celebrated the centennial of chemistry. In this country we have not been idle in advancing this department of science.

The connection between chemistry and medicine is of great importance, and we must not overlook the close connection between chemistry and pharmacy. One hundred years ago the only institution that had a chair of chemistry was the Philadelphia Medical College, since merged in the University of Pennsylvania. This Professor was the renowned and celebrated Dr. Benjamin Rush. In 1808 Professor Benjamin Silliman, the first Professor of Chemistry in Yale College, entered upon his duties.

Dr. Robert Hare became Professor of Chemistry in the University of Pennsylvania in 1818. He had great mechanical abilities, and in 1826 published a valuable compendium of chemistry. In 1833 Professors Wood and Baehle published the first edition of the *United States Dispensatory*.

Lobelia was examined chemically in 1833 by Dr. Calhoun. American hellebore was known from the Indians chiefly as a poison. The first chemical examination of this plant was made in 1835.

We find that in 1776 Dr. Priestly discovered what he called dephlogisticated nitrous air. In experiments with nitrous oxide and ether there were cases in which perfect insensibility never was produced.

The science of

Toxicology

is one of the highest importance to the race. Before the present century little was known of poisons beyond their deadly effects. In 1795 Dr. Joseph Black declared that one grain of arsenic was the least he could detect. The copper test has proved a most admirable method for the discovery of the poison. An important paper on this subject was published in 1832 by Dr. J. K. Mitchell, of this city.

In 1827 Professor Robert Hare proposed a method for determining the presence of opium. Another paper of importance is that of Dr. John J. Reese, of Philadelphia, for the detection of strychnine.

There are many animal and vegetable poisons the exact nature of the active principle of which has not yet been determined.

Less than a century ago there were few organic poisons for which special tests were known. There are some poisons the discovery of which may be made by a combination of tests. It is less than a quarter of a century since the microscope has been used to determine a test. By the microspectroscope discoveries of great value have been made. It is useful in the detection of blood, and discriminates the coloring matter.

Although all poisons are absorbed, it is found that few undergo marked changes, physical or chemical, in the blood.

The congress then adjourned until 10 A. M. to-morrow.

In organizing the congress the commission may have been guilty of undue partiality towards their own country. Perhaps such a tendency was, after all, only natural. However this may be, certain members felt an irresistible desire to show the world what the century, since the establishment of our independence as a free and sovereign people, has accomplished for scientific medicine. For this purpose topics illustrative of the progress and present condition of the different branches of medicine in the United States have been assigned to gentlemen of acknowledged rank in the profession in different sections of the Union. These exercises will, it is believed, add greatly to the interest of the occasion. Time was when we had no medical literature—no medical science—when we were utterly helpless, and wholly dependent upon the aid derived from our European brethren, especially the English, whose language, practice, and habits we made our own. The poverty of the country in these respects cannot be better illustrated than by the fact that we had no native works on medicine and the collateral sciences until after the commencement of the present century. Many of you will recall the words of the great English lexicographer who, in 1769, in speaking of the American colonies, exclaimed, "Sir, they are a race of convicts, and ought to be thankful for anything we allow them short of hanging." The Abbe Raynal, writing in the latter part of the last century, declared that America had not yet produced a single man of genius; and the exclamation of a celebrated Scotch reviewer, uttered at a more recent period, "Who reads an American book, who goes to an American play, or who looks at an American picture?" is still fresh in the memory of many of the present race of men. The discourses which will be delivered before you on the progress of American medicine will serve to show that the profession of the United States has earned for itself an enviable reputation, and that it is fully abreast with all the other pursuits that adorn the human mind and shed lustre upon the scientific character of the nation. They will serve to show that we have passed the period of medical provincialism, and that we stand upon a lofty platform, to which we need not be ashamed to invite the representative men of the profession of foreign countries, however illustrious, or however far advanced in the arts of civilization.

The different sections, organized by the commission, must speak for themselves. It is in them that the work of the congress is mainly to be done, where the interchange of scientific ideas is to be effected, and from which the meeting is to derive its chief glory as an international body of scientific and enlightened men.

It will be recollected that attempts have been made in different quarters and at different times to establish a uniformity of scientific nomenclature, weights, measures, and records of disease, for the medical profession in all parts of the civilized world. The plan, if carried out, cannot fail to advance, in an eminent degree, the interests of medical science; and I am happy to state that it is proposed to discuss the subject fully in one of the sections.

We are upon the threshold of a new century. One hundred years have passed away since the grand old bell upon Independence Hall announced to the world the birth of a new nation, and liberty not only to our own citizens but to all peoples of the earth. The century that has just elapsed was the most wonderful in all that pertains to human progress, to discovery, to invention, to improvement, to refinement and intellectual culture; in a word, to all that ennoble and exalts human nature in its various aspects and phases, that has been vouchsafed to man since God said, "Let there be light." The science of medicine has been completely revolutionized within our own day. The saying, "Old things have passed away, behold all things are new," has literally been fulfilled. The microscope, chemical analysis, clinical observation, and experiments upon the inferior animals, are leading on the medical mind with wondrous velocity in the pursuit of knowledge, and adding daily new facts to our stock of information far beyond what the wildest fancy could have conceived of even a third of a century ago. Dogmatism, once so dominant in the schools, has ceased to exist, and no unacknowledged theories are any longer received by the scientist. Facts, resting upon the broad basis of observation and experiment, repeated and varied in a thousand ways, alone are relied upon as worthy of acceptance and as safe guides in practice. Hippocratic medicine is the order of the day. Everything bows before its divine behests.

In every corner of the habitable globe, penetrated by the light of civilization, busy, active minds, endowed with high culture, and actuated by the noblest resolves, are at work, exploring the mysteries of disease, and devising means or methods of treatment, for the relief of suffering, and the prolongation of life. The busy bee was never more industriously engaged in gathering honey from the flower of the field than the modern physician is in gathering knowledge at the bedside of the sick, and garnering it for future use. Much of what is considered by many as established must be reviewed in the light of modern science; new avenues must be opened, and the ball, composed of myriads of threads more delicately formed than any ever spun by Penelope, must be pushed onward and upward by the united efforts of the medical profession in all parts of the world. How far the Centennial International Congress shall promote these desirable objects time alone can determine. It may safely be predicted that, if it do not fulfil all the promises of hope that have been formed of it, it will accomplish a vast deal of useful work, and thus afford the world an earnest of its interest in the advancement of scientific medicine and in international unity. Science can have

no higher mission than that of strengthening the bonds and securing the co-operation of its votaries in various parts of the globe, assembled to deliberate upon everything calculated to promote its holiest interests.

Among the many objects of an International Congress, not the least is the interchange of kindly feelings on the part of its members, the formation of new friendships and the cementing of old ties. It is well that men of different nationalities should occasionally come together, to look at one another, and to see how they stand in public estimation, as well as in their own; what the world thinks of them, and what they think of the world; what they have done to further the interests of scientific progress, to lighten the burdens of human suffering, and to extend the boundaries of human happiness. All these, and many other things which need not to be here specified, are objects well calculated to engage attention on such an occasion.

It need hardly be added that the medical profession and the citizens of Philadelphia will do all they can to make your time pass pleasantly, as well as profitably, during your sojourn among us. Cards of invitation will be issued to you to inspect the various institutions of interest in and around the city; and, after the work of the congress is over, the International Exposition will no doubt claim, as it assuredly deserves, the earnest attention of every member of this body. And now that the labor of the Centennial Medical Commission is completed, it only remains for the congress, which I now declare open, to perfect its organization by the election of its own officers.

It has often occurred to me that if these international reunions were more frequent and more largely attended, they would be a vast deal more serviceable in preventing war and international misunderstandings than any arbitrations that could be inaugurated for the settlement of international difficulties. Much of the pleasant feeling at present existing between the United States and Europe is due to the enlarged intercourse which has been going on since the invention of steam navigation between the peoples of those countries and the consequent interchange of hospitality and courtesy between the two countries. I hope, therefore, that this may be only one of many such reunions on this side of the Atlantic.

Evening Entertainments.

In the evening there will be a public reception, by the medical profession of Philadelphia, in the Judges' Hall at the Exhibition grounds. On Wednesday evening there will be an address by J. J. Woodward, M. D., Surgeon of United States army, on "The Medical Staff of the United States Army and its Scientific Work," delivered in the lecture hall of the Jefferson Medical College, on Tenth street, between Chestnut and Walnut streets. On Friday evening a public dinner will be given in St. George's Hall.

A Medical Reception.

The delegates to the International Medical Congress had a reception last evening at the Judges' Hall. It was an informal affair, and was graced by the presence of Governor Hartranft, who was introduced to the assemblage of ladies and gentlemen by Dr. F. F. Maury. After a couple of hours spent in conversation and promenading in the fine hall, the company adjourned to the Restaurant Lafayette, where an elegant repast was

served. While the company were partaking of refreshments an orchestra played some very fine music in the gallery. General Joseph R. Hawley, Director-General Goshorn, and the officers of the Governors' Guard, of Hartford, Conn., were amongst the guests present. During the evening the Connecticut Guard's band performed various selections from the operas, and the party did not break up until 11 o'clock P. M.

MEDICAL CONGRESS.

THE INTERNATIONAL MEETING.

Second Day's Session—Reports from Sections—Address on Hygiene and Preventive Medicine by Dr. Bowditch—Paper on medical Chemistry and Toxicology by Dr. Wormley.

The International Medical Congress reassembled at 10 o'clock this morning in the chapel of the University of Pennsylvania, West Philadelphia, Dr. S. D. Gross, president, in the chair.

Dr. J. Minis Hays announced that up to 3 o'clock yesterday the names of about 300 delegates were registered.

Next in order came the

Reports from Sections.

which were read.

Dr. T. G. Richardson, of New Orleans, moved that the congress do not hold responsible for the reports of the sections, and Dr. William C. Davis moved that the reports be merely accepted and referred for publication. Both motions were agreed to.

Dr. Austin Flint, of New York, offered a preamble and the following resolutions, which were accepted:—

Resolved, First. That the members of this International Medical Congress regard with great interest the contribution of

A National Medical Library.

in the city of Washington, and respectfully petition the Congress of the United States to provide for additions to the number of volumes and pe-

striving events which influenced the practice of medicine, and that have left special marks at the end of the first century of our national existence. Wars have generally been promotive of medical science, and our profession was no doubt much benefited by the contest for independence.

For the first quarter of a century after this armed struggle, the leading physicians and surgeons were those who had served in the army. The most notable event of this period was the occurrence of an epidemic yellow fever, which appeared in the summer of 1793 and 1794 in nearly all our Atlantic cities. This disease tested the courage and taxed the energies and best skill of the profession, and prompted the more eminent to reduce their observations to writing, and to have them published either in defense of their practice or for the laudable purpose of making contributions to medical science.

The second quarter of the Centennial period was distinguished by the introduction of vaccination, the occurrence of spotted fever, and the war of 1812. All of these were events which stimulated the profession to more extended studies and became incentives to authorship; this was especially true of the disease known as spotted fever.

The war of 1812 proved to be another great school of experience, although it was not fruitful in medical reports or publications. The aspiration which it aroused, however, in the profession, gave an impetus to the establishment of medical periodicals, and the founding of medical colleges and hospitals.

In following out the plan of dividing the century into quarters, the third may be marked as noted for the discovery of anæsthesia, the epidemic of Asiatic cholera of 1832 and 1848, and the war with Mexico, as well as the discovery and the application of many new and improved means of physical exploration in the search for disease.

The last quarter which has just closed is specially distinguished by the vast experience of the late war, which was a great school, and which has benefited the medical profession of the whole country. The extended

Use of Anæsthesia

in painful surgical operations, the increase of scientific means for exact diagnosis, the introduction of new and potent remedies and modes of administration, and the founding of hospitals and medical colleges in nearly all the large cities.

The discoverer or the expounder of a new truth, the recorder of an additional fact or of a hitherto unobserved symptom or an improved procedure in surgery, in his treatment of disease, deserves, and will receive, a more enduring place in history than he who has gained great popularity or the largest fortune.

The natural ability, habits of industry and systematized study, with the scientific knowledge of Dr. Benjamin Rush, added to his acquaintance with men and public affairs, easily place him at the head of the list of the eminent medical men of the century. His professional skill and high moral and benevolent character rendered him popular with the profession and endeared him to the people. His fame has suffered but little by the lapse of time. His writings are numerous and valuable.

Dr. Valentine Mott, by his daring and brilliant operations in surgery, held for many years the front rank. He had the physical and mental endowments, as well as scientific acquirements, application, and professional training essential to a great surgeon.

Dr. Philip Sydney Physick was a surgeon of rare ability, self-possession, and fortune. As was usual, when he commenced practice he attended to the general business of physician and surgeon; but as early as 1791 he was appointed one of the surgeons to the Pennsylvania Hospital, and in 1805 Professor of Surgery in the University of

Pennsylvania. He was the author of so many improvements in the department of surgery that he was justly entitled to the appellation given him of "The Father of American Surgery." His influence upon the practice is felt to the present.

Dr. John Warren was an eminent physician and surgeon and medical teacher. He acquired experience and reputation in the hospitals of the Revolution. While attached to the hospital at Boston, in 1782, he founded the Medical Department of Harvard College, in which he was Professor of Anatomy and Surgery.

Dr. Daniel Drake possessed wonderful powers of

Original Observation

and was the most indefatigable worker for the accumulation of knowledge and the elevation of the profession that our country has produced. He was the founder of medical colleges in the West.

Dr. John Collins Warren was a remarkable surgeon and writer. He was one of the founders of the Massachusetts General Hospital, and the surgeon in daily attendance to the time of his death. He was the first to use ether, and did much to hasten its introduction into general use in surgery.

Dr. Nathan Smith was a man of extraordinary natural endowments. His founding of the Medical Department of Dartmouth College and his teaching for ten years all the usual branches himself, show the character of the man. He was an admirable anatomist, a bold and successful surgeon.

Dr. Reuben Dimond Mussey was a distinguished surgeon and good general practitioner of great powers of original observation. His experiments on cutaneous absorption would have of themselves entitled him to a high rank, had he not become still more eminent as a surgeon.

Dr. James Jackson was a noted physician and author. He was one of the founders of the Massachusetts General Hospital.

Dr. Nathaniel Chapman was a learned and eminent physician, and was for a long time a professor in the University of Pennsylvania.

Dr. Eliza Barton was a highly accomplished scholar and physician.

Dr. John K. Mitchell possessed a vigorous intellect, and was of great use in a sick room.

Dr. John P. Gray, the Superintendent and Physician to the New York State Lunatic Asylum, Utica, then delivered an able address on "Mental Hygiene."

Dr. Lunsford P. Yandell, late Professor of Physiology in the University of Louisville, followed in an address on "Medical Literature."

The Congress then adjourned until to-day, when the last session will be held.

In the sections yesterday the following papers were read: Dr. H. Lebert, formerly Professor of Clinical Medicine at Zurich and at Breslau (translated by Chas. W. Dulles, M. D., of Philadelphia), on "The Treatment of Simple Ulcer of the Stomach;" Dr. R. P. Howard, of Montreal, on "Progressive Pernicious Anæmia;" Dr. Ezra M. Hunt, of Metuchen, on "Alcohol in its Therapeutic Relations as a Food and a Medicine;" Mr. William Adams, President of the Medicinal Society of London, on "Subcutaneous Division of the Neck of the Thigh Bone;" Dr. L. A. Dugan, Professor of Surgery in the Medical College of Georgia, on "Penetrating Wounds of the Abdomen, with the suggestions of a change of practice in such cases;" Dr. Frederick Hyde, of Cortland Village, N. Y., on "The Propriety of Opening the Sac in Strangulated Hernia;" S. Engelstead, Physician in Chief of the Copenhagen Hospital, on "Measures to Prevent the Propagation of Venereal Diseases in Denmark;" Dr. Charles R. Drysdale, Senior Physician to the Metropolitan Free Hospital, London, on "The Prevention of Syphilis;" E. H. Trenholme, Professor of Midwifery and the Diseases of Women and Children in Bishop's College, Montreal, on "Uterine Hemorrhage;" Dr. James P. White, of Buffalo, N. Y., on "The Chronic Inversion of the Uterus;" Dr. T. F. Rochester, President of the New York State Medical Society, on "The Retroversion of the Gravid Uterus;" Dr. Dudley S. Reynolds, of Louisville, Ky., "A Report of One Hundred Cases of Senile Cataract;" Dr. Charles H. Burnett, Aural Surgeon to the Presbyterian Hospital, Philadelphia, on "Aural Vertigo, with Variable Hearing;" Dr. E. R. Squibb, of Brooklyn, N. Y., on "Metrical System of Weights and Measures;" Dr. J. G. Kerr, of China, on "Medical Missions;" Dr. George Burr, of Hampton, N. Y., on "The Treatment of Inebriates in Asylums."

Last evening a banquet was given in St. George's Hall, which was attended by nearly all the members of the Congress and a few prominent gentlemen of the city.

The International Medical Congress—Last Day.—The International Medical Congress met in its sixth and last day's session on Saturday morning, in the Chapel of the Pennsylvania University, Professor Gross presiding.

Reports were heard from the different sections, that on medicine containing the following: "On a paper of Dr. E. W. Hunt, on 'Alcohol in its Therapeutic Relations as a Food and a Medicine,'" the Section voted the following propositions and referred them to the Congress:

1. Alcohol is not shown to have a definite food value by any of the usual methods of chemical analysis or physiological investigation.

2. Its use as a medicine is chiefly that of a cardiac stimulant and often admits of substitution.

3. As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administrations or for the enormous evils arising therefrom.

4. The purity of alcoholic liquors is in general not as well assured as that of articles used for medicine should be. The various mixtures when used as medicine should have definite and known composition and should not be interchanged promiscuously."

These conclusions were to be sent as the reply to the communications from the National Temperance Association and the Women's and Friends' Temperance Societies.

Professor White, of New York, offered a resolution of thanks to the officers and the trustees of the University of Pennsylvania and the Jefferson Medical College, to the officers of the Congress and to Drs. Thomson, Wilson and Strawbridge, and Messrs. H. C. Lea and J. E. Lippincott for courtesies.

Dr. Bowditch, of Boston, offered the following as an addition to the above:

Resolved, That we, a brotherhood of physicians from the North, South, East and West of this country, hereby tender to our associates from other lands our most earnest wishes that they have safe and happy returns to their homes, and we would suggest the hope that they will carry back many pleasant memories of this fraternal meeting now closing, and which has been most appropriately held in this generous and noble city of Philadelphia.

Communications were read from the Canadian and British delegates containing resolutions passed by them acknowledging the considerate and generous treatment they had received at the hands of the Centennial Medical Commission, and expressing their thanks for the same.



AND DAILY TRANSCRIPT.

Philadelphia, Tuesday, Sept. 5, 1876.

The International Medical Congress.—The opening session of the International Medical Congress was held yesterday, beginning at noon, in the chapel of the University of Pennsylvania. There were about four hundred delegates present, representing almost every State Medical Society in the United States, and quite a number of foreign nationality. The gathering includes many distinguished names, and will, doubtless, prove the most important assembly of its kind ever held in America. When Prof. Samuel D. Gross, of this city, the President of the Centennial Medical Commission, called the assembly to order the chapel was completely filled by the delegates and visitors.

The Right Rev. William Bacon Stevens, Bishop of Pennsylvania, was introduced, and offered a brief prayer. Calling Dr. W. S. W. Ruschenberger, U. S. Navy, a Vice President of the Commission, to the chair, the President delivered the address of welcome.

The President, upon closing his remarks, announced that the following Committee on Nominations had been named by the Commission, and upon motion it was confirmed by the Congress:

Dr. William Adams, of London; Professor Engelslead, of Copenhagen; Professor Hueter, of Prussia; Professor Reednew, of St. Petersburg, Russia; Dr. J. A. Grant, Ottawa, Canada; Dr. Henry J. Bowditch, Boston; Professor L. A. Dugas, Augusta, Ga.; Professor J. T. Hodgden, of St. Louis; Professor Christopher Johnston, of Baltimore; Professor Austin Flint, Sr., of New York; Dr. W. S. W. Ruschenberger, of the United States Navy; Dr. Joseph B. Smith, United States Army; Dr. Edwin M. Snow, of Providence, R. I.

Dr. Austin Flint, Professor of Practice of Medicine in Bellevue Hospital Medical College, New York, was then presented, and delivered a lengthy address on "Medicine."

The committee then reported the following as a partial list of nominations, which were approved:

President—Professor S. D. Gross, Philadelphia. Vice Presidents—Dr. Paul S. Eve, Tennessee; Dr. Jolliffe Tufnell, Dublin; Dr. W. S. Atlee, Pennsylvania; C. Lange, Copenhagen; J. B. Johnson, St. Louis; S. Semeleder, Vienna; Dr. Hunter McGuire, Virginia; Dr. Johan H. Jorb, Christiania; Z. G. Richardson, New Orleans; Dr. William Hingston, Montreal; Dr. J. P. White, New York; Dr. H. Miyake, Tokio, Japan; Professor Nathan R. Smith, Baltimore; Professor Rudnew, St. Petersburg; Dr. J. M. Toner, Washington; Professor Hueter, Griefswald; Dr. G. L. Collins, Rhode Island; Dr. R. S. Hudson, Austria; Dr. H. Gibbons, California; Dr. P. De Basteux, Belgium; Dr. N. S. Davis, Chicago; William Adams, Esq., London; Dr. L. A. Dugas, Georgia; Professor Simpson, Edinburgh; Dr. J. K. Bartlett, Wisconsin.

Honorary Vice Presidents—Surgeon General Barnes, U. S. A.; Surgeon General Beale, U. S. N.

Secretary General—Dr. J. Marius Hays; Assistants, Dr. Wm. B. Atkinson, Dr. E. J. Dangleison, Dr. E. A. Cleemann, Dr. W. W. Keen, Dr. R. M. Bertollet.

The Congress then adjourned until to-day at 10 A. M. After luncheon at 2 P. M., the meetings of the various sections were held.

The Section on Medicine heard a paper from J. J. Woodward, M. D., Surgeon U. S. Army, on "Typho-malarial Fever—Is it a Special Type of Fever?" In the Section on

Biology, Christopher Johnston, M. D., Professor of Surgery in the University of Maryland, presented a paper on "Microscopy of the Blood." In the Section on Surgery, John T. Hodgden, M. D., Professor of Surgical Anatomy and of Clinical Surgery in the St. Louis Medical College, reported on "Antiseptic Surgery." In the Section on Dermatology and Syphilology, James C. White, M. D., Professor of Dermatology in Harvard University, spoke on "Variations in Type and in Prevalence of Diseases of the Skin in different countries of equal civilization."

Papers were also read in the sections on Obstetrics, Ophthalmology, Otology, Sanitary Science, Mental Diseases, by the following gentlemen:—William H. Byford, M. D., of the Chicago Medical College; Henry W. Williams, M. D., of Harvard University; Albert H. Buck, M. D., New York; Thomas E. Satterthwaite, M. D., New York, and William H. Kempster, M. D., Physician and Superintendent of the Northern Hospital for Insane, Oshkosh, Wisconsin.

In the evening the medical profession of Philadelphia gave an entertainment in Judges' Hall at the Exhibition Grounds.

INTERNATIONAL MEETING.

Third Day—Address—by Dr. Paul F. Eve on Surgery, and by Dr. J. M. Toner on Medical Biography.

The International Medical Congress reassembled this morning, at 10 o'clock, in the chapel of the University of Pennsylvania, West Philadelphia, Dr. S. D. Gross in the chair.

Dr. John L. Atlee moved that the Secretary or the Publishing Committee be requested to send to the Governor of each State and Territory, and to each Province in Canada, a copy of the address of Dr. Bowditch. Adopted.

Dr. J. Minis Hayes reported that the names of over 400 delegates had been registered.

The following communication from the

National Temperance Society

was, by a unanimous vote, laid on the table:—

New York, Sept. 5.—To the President International Medical Congress, Pennsylvania University, W. P.—The National Temperance Society send greeting and respectfully invite from your distinguished body a public declaration to the effect that alcohol should be classed with other powerful drugs, that when prescribed medically it should be with conscientious caution and a sense of grave responsibility that it is in no sense food to the human system, that its improper use is productive of a large amount of physical disease, tending to deteriorate the human race, and to recommend, as representatives of enlightened sense, to your several nationalities, total abstinence from alcoholic beverage.

Dr. Sezuan, of New York, addressed the congress, after which the following was adopted:—

The International Medical Congress of 1876 recognizes the advantages which would accrue from the introduction of a gradual uniformity in the multiple and heterogeneous elements of physics, as psychology, nomenclatures, etc., and in the means and records of medical observation.

In consequence, the congress appoints three delegates to the International Congress of 1877, to visit Geneva, Switzerland, with the special mission of presenting a schedule of the means of uniformity in physics actually applicable in all countries, and another of those which could soon be made acceptable by the profession at large.

Said delegates to be advised to invite the co-operation of the men who have already worked for the same cause at the International or National Medical or Pharmaceutical Congress of Paris, Vienna, St. Petersburg, Brussels, and Buffalo.

Reports from the different sections were then presented. A paper

On Surgery

was then read by Paul F. Eve, M. D., Professor of Operative and Clinical Surgery in the University of Nashville. He said this was but coming back to his dear old alma mater. While this may be the Centennial of National Independence, it is not that of the profession. It was as late as 1820 that the taunt was uttered, "What does the world yet owe to an American Physician or surgeon. He who may be regarded as the father of American Surgery, Philip Sidney Physick, was only eight years old at the time of the Revolution.

He was among the first to apply animal ligatures, employing buckskin for that purpose. A striking proof of Dr. Physick's appreciation in Europe, his work became the text-book of the University of Edinburgh. Of him it has been said he never split a drop of blood uselessly.

Intimately connected with the

Rise and Progress

of surgery in America were four others, viz., Warren, Mott, Dukley, and Gibson. Valentine Mott was a native of Rhode Island. Dr. Dudley was a native of the West, and spent several years in Europe.

He gave but little medicine, but insisted upon the observance of hygiene. He was for years the surgical patriarch of the West. William Gibson was born in Baltimore in 1784; it was he who extracted the ball from General Scott at Lundy's Lane.

Dr. Gibson was probably the best lecturer we have ever had in America. His memory was so retentive that he was known to repeat 800 lines of Virgil. He has performed the Cesarean section twice on the same patient, saving mother and child.

American surgeons present a creditable report on the subject of amputation. The official reports of the late war show that the mortality in the medical staff was greater than that of any other. Not less than fourteen foreign journals noticed our army medical reports.

In the Prussian service our ambulance was adopted. It has been reserved for American surgery to teach the world how to relieve or prevent human suffering. Fifty years ago not a half dozen Americans were known abroad as surgeons, and as early as 1859 Dr. Reese, in preparing an American edition of Cooper's *Surgical Dictionary*, introduced no less than 109 American contributors.

An address on

Medical Biography

was then read by Dr. J. M. Toner, of Washington, D. C. He said:—Gentlemen of the Centennial International Medical Congress, I appear before you to discharge the duty assigned me of preparing a biographical retrospect of the medical profession of the United States during the Centennial period just passed. Though apparently an easy task, I cannot approach it without hesitation, apart from the feelings of diffidence which under any circumstance this occasion and this audience must inspire.

In glancing over the period to be embraced in this retrospect I am struck by the paucity of really

Evening Telegraph

No. 108 South THIRD Street.

PHILADELPHIA, MONDAY

SEPTEMBER 4, 1876.

MEDICAL CONGRESS.

AN INTERNATIONAL MEETING.

Its First Session To-Day—The Assembling of Delegates, Home and Foreign—Address of Welcome by Professor Samuel D. Gross, of this City—Evening Entertainments.

At noon to-day the preliminary session of the International Medical Congress was commenced in the hall of the University of Pennsylvania, West Philadelphia, there being present a very large assemblage of distinguished physicians. Their deliberations were preceded by an invocation from the lips of Rt. Rev. Bishop Stevens, after which

An Address of Welcome

was delivered to the delegates by Professor Samuel D. Gross, of this city, which was couched in the following language:—

My colleagues have confided to me, as the President of the Centennial Medical Commission, the agreeable and honorable duty of opening this International Medical Congress, so long the object of their solicitude and earnest labor. In their name, then, as well as my own and that of the entire medical profession, whose great heart this day throbs in unison with ours, I extend to you our right hand, and bid you a thrice cordial welcome to the City of Brotherly Love. The occasion which has brought us together this morning is one of no ordinary kind; it is one also which has been long and, I may say, anxiously anticipated. It might, perhaps, seem ungracious if I were to tell you how much time and labor have been bestowed by the commission through its Committee of Arrangements upon the organization of the congress; how often they met to devise plans and to interchange views; how earnestly and thoughtfully they performed their work; in a word, how faithfully and conscientiously they discharged the great trust confided to them by the different medical bodies of the city and county of Philadelphia, in which the congress originated nearly two years ago. Not a little embarrassment often attended their progress, and it was, therefore, not without a profound sense of relief, such as a weary traveller may be supposed to experience at the end of a long and tedious journey, when we found that our task was finally brought to a successful close. If the organization is less complete than to some of you it may seem to be, no blame will, I am sure, be ascribed to the commission on account of any shortcomings. There might, possibly, have been wiser and more experienced heads at work; but warmer hearts, or more conscientious men never were, I venture to affirm, engaged in a noble enterprise. Such, then, as the work is, we cordially submit it to your consideration, satisfied that it will be accepted by you in the same kindly spirit in which it is tendered, and that any deficiencies that may mar its character will be duly rectified by your superior wisdom.

It is at all times a source of gratification to welcome friends, especially when they are united by the bonds of a common brotherhood, or an identity of interest; but on this occasion, so pregnant with important events, the feeling is vastly heightened by the fact that we have assembled around us brethren not only from every section of this great continent, but from various foreign climes—from Europe, the far East, from Japan and China, the Islands of the Pacific, South America, Mexico, the West Indies, and, I had almost said, from every country in the world. The invitations sent out by the commission cover every prominent medical society and every distinguished medical man in the four quarters of the globe. The object was to bring together representative men from all nationalities to participate in our proceedings, and to afford us the benefits of their wisdom, and the results of their experience and scientific investigations. If all these, or even a respectable minority of these representative men could have been here, what a glorious spectacle would be presented in this hall this morning! Men laying aside for a while their ordinary pursuits, crossing vast continents and perilous seas, congregating to unite with us in celebrating our first Medical Centennial, in interchanging cordial salutations, in deliberating upon the best means of promoting the holiest and dearest interests of our profession, and in laying their contributions—the accumulations of years of study and observation—upon a common altar for the common good! In its wide range, the present congress is without a parallel. Similar bodies have repeatedly met, but none on so grand a scale or with such a cosmopolitan outlook.

demand for competent medical experts to aid the administration of justice, and have done nothing designedly for the culture of medical jurisprudence. What growth can this branch of State medicine have so long as a State does not recognize even its existence?

From 1529 to 1722 the authority of the father of medico-legal science was supreme. Until 1722 it was taught that in the presence of the murderer his victim's wounds did "open their congealed mouths and bleed afresh," and courts accepted the testimony of medical experts to this miraculous bleeding of the corpse. The effect upon a suspected homicide of touching the body of his supposed victim continued to be a legal expedient within the nineteenth century.

The highest medico-legal authorities taught belief in ghosts, witches, and possession by the devil, and united with the clergy until 1752 in denouncing all disbelievers thereof as heretics and atheists.

During the hundred years now closing the progress of medicine has been greater than in

All Preceding Time.

Innumerable precious facts have been contributed by every branch of anatomy, and especially by pathological anatomy. In the United States there are probably 10,000 medico-legal autopsies made annually. The service of a skilled expert at these coroner's inquests, which have exceptional opportunity and power to detect crime, is of inestimable importance. The opportunities there presented, if once lost, can never be recovered. Further, our courts have annually from 2,500 to triple this number of criminal trials, necessitating

Medical Testimony,

and of these a large part originate from the coroner's inquests. If to these criminals be added all the medico-legal civil trials, it would be doubtless found that our courts require medical evidence in not less than 2,500 cases annually. Whatever the number may be, it would indicate inadequately the number of citizens whose welfare is involved, and the extent to which society is interested in the efficient application of medical knowledge to the administration of justice.

New Anglo-American law intrusts medico-legal

At present there are sixty regular medical colleges in this country, and of these twenty-one do not profess to teach the subject, and there are only fourteen where there is a professorship devoted exclusively to Medical Jurisprudence.

It is manifest that since 1813 our colleges have made ineffectual efforts to cultivate this knowledge. The profession recognizes the absurdity that every practitioner is

A Medical Expert.

Who will deny that the two short courses of study are insufficient.

The sum total of new facts on this subject in all nations is not very large. The discovery of distinguishing human blood has been successfully used in several criminal trials.

The culture of medico-legal literature is in proportion to the use of it made by the law.

The average number of lives insured during the past three years has exceeded 200,000. When suicide ceased to be a crime, it ceased to concern legal medicine. Beginning with 2 asylums for the insane, there were in this country 11 in 1800 and are now 80 institutions accommodating 30,000, and at 17 over 45,000 insane.

Maine and New York have by their wise enactments made it a more easy matter than formerly to distinguish between what would be inhumanity to disease and indulgence to crime.

In 1857 the Medical Legal Society, of New York, was formed, and it has appointed a permanent committee to investigate any medico-legal question which is referred.

The congress then adjourned until 10 o'clock to-morrow morning.

Meetings of Sections

were held in the afternoon, as follows:—

Section 1. Medicine—The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Benson, M. D., of Denver, Colorado. The Open-air Treatment of Consumption, by Henry M. Sherman, M. D., of Belfast, Ireland.

Section 2. Biology—The Mechanism of Joints. Reporter, Harrison Allen, M. D., Professor of Zoology and Comparative Anatomy in the University of Pennsylvania.

Section 3. Surgery—The Causes and Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M. D., of Mobile, Alabama.

Electrolytic Treatment of Malignant Tumors, by W. B. Meitzel, M. D., of New York.

The Legislation of Asenics for the Relief of Inflammation and for the Prevention of Gangrene, by Dr. R. F. Campbell, of Georgia.

The Etiology and Pathology of Venal and Vesical Calculus.

Section 4. Dermatology and Syphilology. The Treatment of Syphilis, with Special Reference to the Constitutional Remedies appropriate to its various stages, the direction of their use, and the question of their continuous or intermittent employment. Reporter, E. L. Keyes, M. D., Assistant Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

The Treatment of Syphilis, with Special Reference to the Constitutional Remedies Appropriate to its Various Stages, by Charles R. Dreyer, M. D., Senior Physician to Metropolitan Free Hospital, London.

Treatment of Scrophulous, by Charles Heitzman, M. D., New York.

Section 5. Obstetrics. The Natural Causes and Prevention of Puerperal Fever. Reporter, William T. Lusk, M. D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

Paracenteses, Aspiration and Transfusion. By Simon Fitch, M. D., of New York.

Section 11. Ophthalmology—Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the influence of the Ocular Muscles? Reporter, E. G. Loring, M. D., of New York.

Relations between Refractive Lesions and Corneal Ulcers. By George C. Stevens, M. D., of Albany, N. Y.

Section 7. Otology.—What is the best method of determining the hearing of school children, and how should partially deaf children be instructed: in mixed classes, with those who hear well, or in separate classes, where due allowance will be made for their defective hearing? Reporter, Clarence J. Blake, M. D., Instructor in Otology in Harvard University.

Section 8. Sanitary Science—Disposal and Utilization of Sewage and Refuses. Reporter, John H. Rauch, M. D., late Sanitary Superintendent of Chicago, Illinois.

Universal Pharmacopœia. By E. A. Squibb, M. D., of Brooklyn, New York.

Section 10. Mental diseases—the Best Provision for the Chronic Insane. Reporter, O. H. Nichols, M. D., Physician and Superintendent of Government Hospital for Insane, Washington, D. C.

Dr. John Morgan was founder of the first medical school in America, was Surgeon-General of the Continental army and one of the founders of the American Philosophical Society.

There was a high average professional ability in the physicians of the past century. The medical profession of the United States have more talent and nobility of rank than is to be found in any other profession in this or any other country. The American people have a united faith in progress.

During the past century probably 65,000 physicians have died. At the conclusion of Dr. Toner's address, the congress adjourned until 10 A. M. to-morrow.

The Meetings of Sections

were held in the afternoon as follows:—

Section 1. Medicine.—Do the conditions of modern life favor specially the development of nervous diseases? Reporter, Roberts Bartholow M. D., Professor of Theology and Practice of Medicine in Medical College of Ohio.

The Treatment of Phthisis Pulmonalis, by Dr. E. G. Eliassopoulos, of Galaxidi, Greece. Translated by John Gutteras M. D., of Philadelphia. Etiology of Epilepsy, by W. B. Neftel, M. D., of New York.

Section 2. Biology.—Pathological Histology of Cancer. Reporter, J. W. S. Aracld, M. D., Professor of Physiology in the University of the city of New York.

Section 3. Surgery.—Treatment of Coxalgia. Reporter, Lewis A. Sayre, M. D., Professor of Orthopedic Surgery and of Clinical Surgery in Bellevue Hospital Medical College, New York.

Report of a case of sub-periosteal exostosis and 4. disarticulation of the entire inferior maxillary bone, for phosphorus necrosis. By J. W. S. Gouley, M. D., of New York.

Section 4. Dermatology and Syphilology.—The Virus of Venereal Sores; its Unity or Duality.—Reporter, Freeman J. Bumstead, M. D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

The Virus of Venereal Sores; its Unity or Duality; by Charles R. Drysdale, M. D., Senior Physician to the Metropolitan Free Hospital, London.

Section 5. Obstetrics.—The Treatment of Fibroid Tumors of the Uterus. Reporter—Washington L. Atlee, M. D., of Philadelphia. The three most important obstetrical instruments, by Professor Lazarewick, University of Kharkoff, Russia.

On Electrolysis, especially for the cure of Ovarian Cysts. By Frederick Semeleder, M. D., late lecturer at the University of Vienna.

Section 6. Ophthalmology.—Orbital Aneurismal Disease and Pulsating Exophthalmia; their diagnosis and treatment. Reporter, E. Williams, M. D., Professor of Ophthalmology in Miami Medical College, of Cincinnati.

Section 7. Otology.—In What Percentage of Cases do Artificial Drum-membranes Prove of Practical Advantage. Reporter, H. N. Spenser, M. D., of St. Louis.

Section 8. Sanitary Science.—The general subject of Quarantine with particular reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M. D., Supervising Surgeon-General United States Marine Hospital Service.

Disinfection in Yellow Fever. By O. B. White, M. D., of New Orleans.

Section 9. Mental Diseases.—Simulation of Insanity by the Insane. Reporter, O. H. Hughes, M. D., of St. Louis, Mo.

In the evening an address will be delivered in the Lecture Hall of Jefferson Medical College by J. J. Woodward, M. D., Surgeon United States Navy. Subject—"The Medical Staff of the United States Army and its Scientific Work."

MEDICAL CONGRESS.

THE INTERNATIONAL MEETING.

Fourth Day's Session—Addresses on Obstetrics by Dr. Theophilus Parvin, and on Medical Jurisprudence by Dr. Stanford E. Chaille—Meetings of Sections.

The International Medical Congress resumed its session this morning in the Chapel of the University of Pennsylvania, Dr. S. D. Gross, President, in the chair.

Dr. J. Minis Hays reported that the total number of delegates registered up to this morning was 422.

Dr. H. I. Bowditch, of Massachusetts, offered the following, which was adopted:—

Whereas, The work already accomplished by the officers connected with the Bureau of the Surgeon-General of the United States in the establishment of a medical library and in the preparation of its ample and unique catalogue, in the formation of an anatomical museum from which important scientific results have already been obtained, and which have been not only a source of honor to these United States, but of value to foreign nations and wherever science is cultivated; and

Whereas, This congress learns with regret that owing to a lack of a sufficient clerical force and of pecuniary means, not only some of the work already in progress has been suspended, and the other work of equal value cannot be undertaken although ample materials for the same are now lying unused in the Surgeon-General's office therefore,

Resolved, That a committee of three be appointed to prepare a memorial to the Congress of the United States at the earliest day possible, at its next session, urging efficient support to these most important works.

Resolved, That it is desirable that said memorial should be signed by the President, Vice-Presidents, and permanent Secretary of this body.

The reports from the different sections were then made.

Professor White, of New York, said that politicians did not care anything for

Sanitary Science,

and that it was well enough to send a copy of the paper of Dr. Bowditch to the Governors of the different States, but it was too important to let the matter rest with depositing the papers in the pigeon-holes of the Governors.

He moved that copies of the address be sent to the President of each State and Territorial Medical Society in the United States and in Canada, and to each Sanitary Board, requesting them to bring the subject before the next meeting of their organizations.

Dr. John L. Atlee, of Lancaster, said that each individual should use his personal influence with the Governor of his State.

The resolution of Professor White was then adopted.

Dr. H. Miyake, of Toko, Japan, was then introduced, and occupied the chair during the reading of a paper

On Obstetrics

by Theophilus Parvin, D. D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

He said the eighteenth century was marked by great advances in obstetric knowledge. The germ of American obstetrics was British, rather than French. Seventy or eighty years ago the practice of obstetrics was almost exclusively in the hands of women. The name of Williams' Potts Dewees should live forever. He has by his works reared a monument more enduring than quarried granite or molten brass. The present century has been marked by some of the most important advances in obstetrics.

Anesthesia must be considered one of the greatest glories of obstetrics. The administration of chloral for relief has also had many advocates in this country. An advance has been made in the more liberal diet and hygiene of women.

The speaker referred, among other things, as signs of progress, to the establishment of Women's Hospitals. An address

On Medical Jurisprudence

was then read by Stanford E. Chaille, M. D., Professor of Physiology and Pathological Anatomy of the University of Louisiana. He stated that medical jurisprudence owes its power to knowledge derived from every branch of medicine, but the law determines how far this power shall be utilized in the administration of justice. Hence the development of medical jurisprudence has varied in different nations with the progress of medical science, and with the extent of its application to the protection of property, reputation, and life. Efficiency in this legal application varies with the appreciation of medical knowledge by the rulers of a nation, and since an adequate appreciation is limited to the educated few, and is not yet disseminated among the mass of any people, it results that laws more favorable to the culture of legal medicine are to be found in nations ruled by the educated few than in those governed by the people. The unequal development of medical jurisprudence in different nations finds in these facts an explanation, in large part at least.

The Papal Canon laws, originating many medico-legal questions, sowed in 1670 by the hand of Zachias, a Pope's physician, the first sound seed of medical jurisprudence in the land of Columbus, then the home of science and the arts.

The new-born shoot languishing in Italy, was transplanted in German soil, where it received such culture as nourished its youth, developed its fruit, and reproduced seed to germinate in other lands.

To favoring legislation from 1532 to the present day, the fatherland owes its eminence in medical jurisprudence. Germany, for two centuries, has had an organization of medico-legal officials—to whom alone it entrusts the duty both to procure the medical facts needed by the courts, and to estimate the weight due such facts from whatever source obtained.

In 1650 Michaelis delivered the very first lectures, and, as early as 1720, professorships of legal medicine were founded by the State.

France from 1670 to 1692 enacted laws which, like those of Germany, favored the culture of legal medicine, but in 1692 medico-legal offices became hereditary and venal, and legal medicine languished until after the French Revolution. Since 1790 no nation has surpassed France in the culture of medical science; in addition, the judges appoint medical experts, and these since 1803 must be graduates in medicine.

Great Britain transmitted to this nation laws barbarously conspicuous for the absence of provisions to apply medical knowledge to the administration of justice, and

Anglo-American Law

continues to be in large measure hostile to medical jurisprudence. However, British laws have done something for the science, and little for the art. For Great Britain has fostered medical education, and in 1803 founded a chair of forensic medicine in one university, and now has such chairs in all its medical colleges; has by the Registration act and other laws greatly strengthened the medical profession, and has compelled its courts to accept expert evidence only from registered, and therefore educated, medical men.

The States of the Union have, for the most part, left the culture of medical science to individual enterprise, which supplies solely that which the private citizen demands—practitioners of medicine to heal the sick. The States have as yet made no

At ten o'clock supper was served in the French Restaurant, after which the company dispersed.

The minutes of the preceding session were read and approved, and a list of the names of persons whose names had been submitted. Reports were received from the various sections, and their publication was provided for.

It was resolved that, in the opinion of the Congress, the general body was in one way responsible for the views expressed in the reports of the sections, and that in the future "the order in reference to the reports of sections be modified that, upon their submission to the congress, the question be upon their acceptance and reference for publication."

following additional report, which was approved:

Treasurer—Dr. Caspar Wistar, Philadelphia.

The American Medical Association, of New York, presented
to the Congress a memorial asking that provision be made
for the increase of the volumes and periodical publications in the New National Library at Washington, D. C., so that it might become early complete in all the sciences, and thus in-
crease the knowledge of the profession generally.

Dr. J. C. McCall, M. D., the President of the American Association of Health and Preventive Medicine, was then president of the American Association of Preventive Medicine. His paper was "The Potential Period in Its Relation with the Advancement in State Preventive Medicines." He divided this period into the following parts:

"The first epoch, or that of medical system-making, filled with an overweening confidence in our art, with little or no faith in *Viv Medicatrix Naturis*. From 1799 A. D. 1850, or thereabouts, 29

"The Second Epoch; or that of observation and accurate recording of facts, and subsequent analysis of them; with an extreme confidence in Nature's power in disease; a corresponding skepticism in the regard to the use of drugs, and finally, dim presages of preventative medicines. From 1822 to 1860."⁷⁷

"The Titled Epoch; or that in which the medical profession is aided by the laity, and the liberalized, Practical Medicine fairly introduced; as marked by the legal establishment of the first State Board of Health. From 1869, reaching in the far off future."

The speaker in describing the present epoch, gave the important statistical information relating to the condition of State preventative medicines in the States, Territories and the nation, obtained by himself from circulars distributed a few months ago, containing questions bearing on the matter.

Dr. Theodore G. Wormley, M. D., Professor of Chemistry in the Sterling Medical College, Columbus, Ohio, followed in an address on "Medical Chemistry and Toxicology." To him the character and scope of chemistry and its close connection with pharmacy was closely defined, and its history recalled, including the establishment of the first professorship of chemistry in America in the Philadelphia Medical College (thenwards merged into the University of Pennsylvania), in 1782, the celebrated Benjamin Routh occupying the chair. He traced the growth of chemical knowledge by discovery and the rapid distribution of chemical literature, and furnished much that was original and valuable as information.

After he had finished the congress adjourned until this morning.

In the afternoon at the various sections met, George the Section on Surgery Dr. Joseph Lister, of Edinburgh, one of the most distinguished surgeons of Europe, spoke on "Antiseptic Surgery."

At the meeting of the section on Medicine a plea of international uniformity in clinical observations and records of physicians was presented and discussed, and will be brought before the general body this morning. The subject is an important one and will doubtless occasion a most interesting debate.

The International Medical Congress met in fourth day's session yesterday morning, at the University of Pennsylvania, the President, Professor Gross, in the chair.

After the usual preliminary routine, Dr. Bowditch, of Boston, offered the following:

Whereas, The work already accomplished by the officers connected with the Bureau of the Surgeon General of the United States, in the establishment of a medical library, and in the preparation of its complete and unique catalogue in the formation of an anatomical museum, from which important scientific results have already been obtained, and which have been not only a source of honor to these United States, but of value to foreign and wherever science is cultivated; and

Whereas, This Congress learns with regret that, owing to a lack of a sufficient clerical force and of pecuniary means, not only some of the work already in progress has been suspended, but that other work of equal value cannot be undertaken, although ample materials for the same are now lying unused in the Surgeon General's office: therefore

Resolved, That a committee of three be appointed to the Congress of the United States, at the earliest day possible, at its next session, to urge efficient support to these most important matters.

Resolved, That it is desirable that said memorial be signed by the president, vice presidents and permanent secretary of this body.

These were adopted.
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Upon motion of Dr. J. P. White, of Buffalo, N. Y., it was ordered that the printed pamphlet containing Dr. Bowditch's paper on Sanitary Science be sent to the Presidents of State and Territorial Medical Societies and Sanitary Boards of the United States and the Societies and Boards of the Dominion of Canada.

Dr. H. Mizake, of Tokio, Japan, a Vice President, was introduced, and, upon the invitation of the President, occupied the chair.

Dr. Theophilus Parvin, Professor of Obstetrics in the College of Physicians and Surgeons of Indiana, then delivered his address on "Obstetrics."

In this he declared that American obstetric knowledge had its origin with the British, rather than the French, as is often said. In the progress of the science in this country, he paid a high tribute to Professor William Dewees, whom he called the father of American obstetrics. He said that the improvements and advancing changes in obstetrics had saved more lives and accomplished greater benefits to humanity than those in surgery and other operative sciences.

The President announced the appointment of Dr. Bowditch, of Boston, Dr. Woodward, of Washington, and Dr. Seguin, of New York, as the delegates to the Congress of Geneva, to confer on the arrangement of a plan for an international system of medicine and medical observation, in accordance with the action taken on Wednesday.

Dr. Stanford E. Chaille, Professor of Physiology and Pathological Anatomy in the University of Louisiana, followed in an address on Medical Jurisprudence.

The speaker rehearsed the history of the medical science in its connection with national law, and dwelt long upon disadvantages against which jurisprudence labors in the United States, about which he said:

The States of the Union have, for the most part, left the culture of medical science to individual enterprise, which supplies solely that which the private citizen demands—practitioners of medicine to heal the sick. The States have as yet made no demand for competent medical experts to aid the administration of justice, and have done nothing designedly for the culture of medical jurisprudence. What growth can this branch of State medicine have so long as a State does not recognize even its existence?

After Dr. Chaille had finished, the Congress adjourned until to-day.

In the section yesterday afternoon the following papers were read: Dr. Charles Madison, on "Denver, Colorado, on The Hudson, of High Altitudes on the Progeric Pathosis;" Dr. Henry MacCormack, of Belfast, Ireland, on "The Open Air Treatment of Consumption;" Dr. Harrison Allen, Professor of Zoology and Comparative Anatomy in the University of Pennsylvania, on "The Mechanism of Joints;" Dr. Claudius H. Mastin, of Mobile, Ala., on "The Causes and Geographical Distribution of Calculus Diseases;" Dr. W. B. Swett, of New York, on "Electrolytic

Treatment of Malignant Tumors;" Dr. J. L. Keyes, Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York, on "The Treatment of Syphilis, with special reference to the constitutional remedies appropriate to its various stages, the duration of their uses, and the question of their continuous or intermittent employment;" Dr. Cass. R. Drysdale, Senior Physician to the Metropolitan Free Hospital, London, on "The Treatment of Syphilis, with special reference to the constitutional remedies appropriate to its various stages;" Dr. H. F. Campbell, of Georgia, on "The Ligation of Arteries for the relief of inflammation, and for the prevention of gangrene;" and another on "The Etiology and Pathology of Venal and Vesicle Calculus;" Dr. Carl Hertzman, delegate from Vienna, on "The Treatment of Seborrhoea;" Dr. William T. Lusk, Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College, New York, on "The Nature, Causes and Prevention of Puerperal Fever;" Dr. Simon Fitch, of New York, on "Paracentesis, Aspiration and Transfusion;" Dr. E. G. Loring, of New York, on "Are progressive myopia and posterior staphyloma due to hereditary predisposition, or can they be induced by defects of refraction, acting through the influence of ciliary Muscle?" Dr. Geo. C. Stevens, of Albany, N. Y., on "Relations between Refractive Lesions and Corneal Ulcers;" Dr. Clarence J. Blake, Instructor of Otology in Howard University, on "What is the best mode of determining the hearing of school children, and should partially deaf children be instructed in mixed classes with those who hear well or in separate classes, where due allowance will be made for their defective hearing?" Dr. John H. Rauch, late Sanitary Superintendent of Chicago, Ill., on "The Disposal and Utilization of Sewage and Refuse;" Dr. E. R. Squibb, of Brooklyn, on "Universal Pharmacopoeia;" Dr. C. H. Nichols, Physician and Superintendent of the Government Hospital for the Insane, Washington, D. C., on "The Best Provisions for the Chronic Insane."

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In the evening the members attended a reception given by Mr. Leander Lippincott, of this city.

The International Medical Congress.—The International Medical Congress re-assembled in fifth day's session yesterday morning, at the University of Pennsylvania, Professor Gross, President, in the chair.

The Secretary announced that the Register contained the names of 480 delegates.

Dr. Paul F. Eve, of Nashville, Tenn., offered a resolution prohibiting the publication in medical journals, either entire or in abstract, the papers read before the Congress, until they have appeared in the printed minutes. Adopted.

Dr. N. S. Davis, of Chicago, presented a preamble and resolutions, providing for the proper and early publication of the full minutes of the Congress, giving the Publication Committee the authority to impose an additional tax, if necessary, to meet the expenses of such publication, which was adopted.

A memorial from the Women's National Temperance Union was received, calling the attention of the Congress to the subject of intemperance, and was referred to the section on Medicine. The communication received on Wednesday from the National Temperance Association, which was then laid upon the table, was taken up and similarly referred.

Dr. Sayre offered a resolution, which was adopted, providing for the publication of the portrait of the President in the volume of transactions.

Dr. Nathan S. Davis, Professor of Principles and Practice of Medicine in the Chicago Medical College, then delivered the concluding address on "Medical Education and Medical Institutions." His paper contained much statistical matter, indicating the condition of medical education at the present time as contrasted with the beginning of the century. It stated that in the last year and the present one, the entire number of students in medical colleges has been estimated at 6860, and of these, 2200 have received the degree of Doctor of Medicine.

The increase in the number of students in the past thirty-five years has been in same ratio as the increase in population. There are now about 500 teachers of medicine in colleges.

Upon the conclusion of the address the Congress was adjourned finally with a few remarks from the President.

During Saturday the members of the Congress visited a number of medical institutions at the invitation of their respective managers.

Committee of Arrangements instructed to appoint a local provisional committee of three for each section, said Committee to have the power to increase its numbers, as it may deem expedient, for the purpose of forwarding the interests of its individual section.

All committees given power to fill all vacancies in their respective bodies.

September 20. Sections re-formed as follows:—

1. Biological Science, including Anatomy, Histology, Physiology, and Microscopy.
2. Medicine, including Pathology, Pathological Anatomy, and Therapeutics.
3. Surgery, including Dermatology and Syphilology.
4. Obstetrics and Diseases of Women and Children.
5. Ophthalmology and Otology.
6. Sanitary Science, including Hygiene and Medical Statistics.
7. Mental Diseases.
8. Chemistry, Toxicology, and Medical Jurisprudence.

Selection of officers for the Congress referred to that body, to be decided at its first meeting.
Messrs. Paget, Lebert, Helmholtz, and Schroeder to be invited to make addresses.

October 1. Committee of Seven on Invitations appointed. (I. M. Hays, chairman.)

October 16. Committee of Arrangements empowered to select three or more honorary members from each State; intrusted to the Committee on Invitations.

Committees on Sections requested to select questions for discussion, and nominate speakers thereon, for their respective Sections.

Chairmen of Committees on Sections invited to seats with Committee of Arrangements.

All correspondence, etc., to be preserved in a memorial volume, and placed in library of College of Physicians.

November 8. Secretaries added to the Committee of Arrangements.

Committee of Arrangements to meet every other Monday.

Secretaries, and Chairmen of Committees on Sections, requested to report at each meeting.

Co-operation with American Medical Association and State Society as to Guide Book and Finances.

New Section made—4—on Syphilology and Dermatology. The numbers of others changed.

[Editors will oblige the Committee of Arrangements by inserting the following circular in their August issue.]



INTERNATIONAL MEDICAL CONGRESS.

PHILADELPHIA, SEPTEMBER 4-9, 1876.

The International Medical Congress will be formally opened at noon on Monday the fourth day of September.

The sessions of the Congress and of its Sections will be held in the University of Pennsylvania, Locust and Thirty-fourth Streets.

The General Meetings will be held daily, from 10 to 1 o'clock. The Sections will meet at 2 o'clock.

Luncheon for members of the Congress will be served daily in the University building from 1 to 2 o'clock.

On Wednesday evening, September 6th, Dr. J. J. Woodward, U. S. A., will address the Congress on the Scientific Work of the Surgeon-General's Bureau.

The Public Dinner of the Congress will be given on Thursday evening, September 7th, at 7 o'clock.

The Registration book will be open daily from Thursday, August 31st, to Saturday, September 2d, inclusive, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner

of Thirteenth and Locust Street, and at the University of Pennsylvania on Monday, September 4th, from 9 to 12 M., and daily thereafter from 9 to 10 A. M. Credentials must in every case be presented.

Letters addressed to the Members of the Congress, to the care of the College of Physicians, N. E. corner Locust and Thirteenth Streets, Philadelphia, during the week of meeting will be delivered at the University of Pennsylvania.

The Secretaries of State and Territorial Medical Societies are requested to forward without delay to the Chairman of the Committee on Credentials, I. MINIS HAYS, M.D., 1607 Locust St., Philadelphia, lists of their duly accredited delegates to the Congress.

Delegates and visitors intending to attend the Congress are earnestly requested individually to notify immediately the same Committee.

This information is desired to facilitate registration, and to ensure proper accommodation for the Congress.

Members intending to participate in the Public (subscription) Dinner of the Congress will please notify the Secretary of the Committee on Entertainment, J. Ewing Mears, M.D., 1429 Walnut St., Philadelphia.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the fifteenth of August.

PHILADELPHIA, July 20th, 1876.

INTERNATIONAL MEDICAL CONGRESS.

1876.

PHILADELPHIA, SEPTEMBER 4-9.

Delegates Registered up to Saturday (Sept. 2), 3 P. M.

NAME.	RESIDENCE.
John Ashhurst, Jr., M.D., Philadelphia,	2000 DeLancey Place.
Wm. B. Atkinson, M.D., Philadelphia,	1400 Pine St.
Washington L. Atlee, M.D., Philadelphia,	1408 Arch St.
Henry B. Baker, M.D., Lansing, Michigan,	340 N. 32d St.
J. M. Barton, M.D., Philadelphia,	201 S. 11th St.
Henry I. Bowditch, M.D., Boston, Mass.	3900 Spruce St.
C. H. Burnett, M.D., Philadelphia,	127 S. 18th St.
Robert Burns, M.D., Philadelphia,	4323 Frankford Av.
W. Burt, M.D., Paris, Ontario, Canada,	Globe Hotel.
Francis W. Campbell, M.D., Montreal, Canada,	Colonnade Hotel.
R. Brudenell Carter, M.D., London, Eng.	Continental Hotel.
Richard A. Cleeman, M.D., Philadelphia,	340 S. 21st St.
Wm. Cogswell, M.D., Bradford, Mass.	
J. Solis Cohen, M.D., Philadelphia,	1431 Walnut St.
Pierre Debaisieux, M.D., Louvain, Belgium,	4823 Haverford Av.
Thomas M. Drysdale, M.D., Philadelphia,	1531 Arch St.
L. A. Dugas, M.D., Augusta, Georgia,	St. Cloud Hotel.
R. J. Dunglison, M.D., Philadelphia,	814 N. 16th St.
S. Engelsted, M.D., Copenhagen, Denmark,	757 Corinthian Av.
Emil Fischer, M.D., Philadelphia,	729 N. 6th St.
Albert Fricke, M.D., Philadelphia,	235 N. 6th St.
William Goodell, M.D., Philadelphia,	20th and Hamilton Sts.
Thomas W. Gordon, M.D., Georgetown, Ohio.	
J. A. Grant, M.D., Ottawa, Canada,	Hotel Aubrey.
John Green, M.D., St. Louis, Mo.,	Continental Hotel.
Samuel D. Gross, M.D., Philadelphia,	Cor. 11th and Walnut Sts.
Charles Hamilton, M.D., Cornwallis, Nova Scotia,	919 Chestnut St.
George C. Harlan, M.D., Philadelphia,	1806 Chestnut St.

NAME.	RESIDENCE.
I. Minis Hays, M.D., Philadelphia,	1607 Locust St.
Addinell Hewson, M.D., Philadelphia,	2100 Walnut St.
Johan Hjort, M.D., Christiania, Norway,	3716 Chestnut St.
Jno. T. Hodgen, M.D., St. Louis, Mo.,	1330 Arch St.
R. P. Howard, M.D., Montreal, Canada,	St. George Hotel.
R. F. Hudson, M.D., Ballarat, Australia,	St. George Hotel.
Prof. Hueter, M.D., Griefswald,	2140 Hancock St.
William Hunt, M.D., Philadelphia,	1300 Spruce St.
John C. Hupp, M.D., Wheeling, Va.,	Continental Hotel.
Jas. H. Hutchinson, M.D., Philadelphia,	2019 Walnut St.
Frederick Hyde, M.D., New York,	4024 Chestnut St.
Christopher Johnston, M.D., Baltimore, Md.	St. George Hotel.
Walter Kempster, M.D., Winnebago Co., Wisconsin,	
	S. E. cor. 20th and Mt. Vernon Sts.
J. G. Kerr, M.D., San Francisco,	1954 N. 10th St.
C. Lange, M.D., Copenhagen, Denmark,	757 Corinthian Av.
Joseph Lister, M.D., Edinburgh, Scotland,	Continental Hotel.
F. F. Maury, M.D., Philadelphia,	1218 Walnut St.
Thomas F. McLean, M.D., Goderich, Ontario,	
	Grand Exposition Hotel.
J. Ewing Mears, M.D., Philadelphia,	1429 Walnut St.
Andrew K. Minnich, M.D., Philadelphia,	2228 N. Front St.
H. Miyake, M.D., Tokio, Japan,	1337 Spruce St.
Geo. R. Morehouse, M.D., Philadelphia,	227 S. 9th St.
George Murray, M.D., New Glasgow, N. Scotia,	113 S. Broad St.
R. D. Murray, M.D., Florida,	1333 Girard Av.
S. Nagayo, M.D., Tokio, Japan,	1337 Spruce St.
Jno. A. Oeterlony, M.D., Louisville, Kentucky,	2225 Spruce St.
Jno. H. Packard, M.D., Philadelphia,	1924 Spruce St.
Wm. H. Pancoast, M.D., Philadelphia,	1100 Walnut St.
William Pepper, M.D., Philadelphia,	1811 Spruce St.
Edwin Powell, M.D., Chicago, Ill.,	Globe Hotel.
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James E. Reeves, M.D., Wheeling, W. Va.,	403 S. Broad St.
Jos. G. Richardson, M.D., Philadelphia,	1835 Chestnut St.
Jacob Roberts, M.D., Philadelphia,	2033 Green St.
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W. S. W. Ruschenberger, M.D., Philadelphia,	1932 Chestnut St.
H. S. Schell, M.D., Philadelphia,	1004 Vine St.
Chas. Shepard, M.D., Grand Rapids, Michigan,	Irving House.
B. F. Sherman, M.D., Ogdensburg, N. Y.,	Continental Hotel.
Edward Shippen, M.D., U. S. N.,	Naval Hospital.

NAME.	RESIDENCE.
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Alfred Stillé, M.D., Philadelphia,	3900 Spruce St.
S. S. Stryker, M.D., Philadelphia,	3713 Walnut St.
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F. Walton Todd, M.D., California,	Girard House.
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Jolliffe Tufnell, M.D., Dublin, Ireland,	Continental Hotel.
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H. P. Yeomans, M.D., Mt. Forest, Ontario, Canada,	Merchants' Hotel.

INTERNATIONAL MEDICAL CONGRESS.

1876.

PHILADELPHIA, SEPTEMBER 4-9.

Delegates Registered up to Tuesday (Sept. 5), 3 P. M.

NAME.	RESIDENCE.
O. D. Abbott, M.D., Manchester, N. H.,	Hotel Aubrey.
William Adams, Esq., F.R.C.S., London, Eng.	St. George Hotel.
C. R. Agnew, M.D., New York City,	1502 Locust St.
Harrison Allen, M.D., Philadelphia,	117 S. 20th St.
J. W. Anawalt, M.D., Greensburg, Pa.,	St. Cloud Hotel.
William Anderson, M.D., Indiana, Penna.,	1227 Filbert St.
Abram B. Arnold, M.D., Baltimore, Md.	
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Wm. B. Atkinson, M.D., Philadelphia,	1400 Pine St.
John L. Atlee, M.D., Lancaster, Pa.,	210 S. 13th St.
Washington L. Atlee, M.D., Philadelphia,	1408 Arch St.
H. P. Ayres, M.D., Fort Wayne, Ind.	
Francis Bacon, M.D., New Haven, Conn.,	506 S. Broad St.
Henry T. Bahnson, M.D., Salem, N. C.,	504 N. 4th St.
William H. Bailey, M.D., Albany, N. Y.,	1734 Master St.
Henry B. Baker, M.D., Lansing, Michigan,	340 N. 32d St.
A. S. Baldwin, M.D., Jacksonville, Florida,	Hotel Aubrey.
Fordyce Barker, M.D., N. Y. City,	1700 Walnut St.
Robert Barnes, M.D., London, England,	1729 Chestnut St.
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Edwin W. Bartlett, M.D., Milwaukee, Wis.,	Park View Hotel.
J. K. Bartlett, M.D., Milwaukee, Wisconsin,	Continental Hotel.
J. M. Barton, M.D., Philadelphia,	201 S. 11th St.
F. W. Beard, M.D., Vincennes, Ind.,	108 N. 41st St.
C. E. Beardsley, M.D., Ottawa, Ohio,	St. Cloud Hotel.
R. M. Bertolet, M.D., Philadelphia,	113 S. Broad St.
John S. Billings, M.D., U. S. A., Washington, D. C.,	1706 Chestnut St.

NAME.	RESIDENCE.
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Robert Bolling, M.D., Chestnut Hill, Penn.	
Henry I. Bowditch, M.D., Boston, Mass.	3900 Spruce St.
Richard C. Brandeis, M.D., Louisville, Ky.,	1206 Chestnut St.
Jno. L. Bray, M.D., Chatham, Ontario, Canada,	3226 Chestnut St.
A. L. Breysacher, M.D., Little Rock, Ark.,	Continental Hotel.
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Charles E. Briggs, M.D., St. Louis, Mo.,	1525 S. 6th St.
John H. Brinton, M.D., Philadelphia,	1423 Spruce St.
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T. Lauder Brunton, M.D., London, Eng.	1706 Chestnut St.
Peter Bryce, M.D., Tuscaloosa, Ala.,	Hotel Aubrey.
Albert H. Buck, M.D., N. Y. City,	Trans-Continental Hotel.
Frederick J. Buck, M.D., Philadelphia,	770 S. 15th St.
L. Duncan Bulkley, M.D., New York City,	Hotel Aubrey.
F. J. Bumstead, M.D., New York City,	Hotel Aubrey.
Francis Burdick, M.D., Johnstown, N. Y.,	Hotel Aubrey.
C. H. Burnett, M.D., Philadelphia,	127 S. 18th St.
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Samuel C. Busey, M.D., Washington, D. C.,	Petry House.
James D. Button, M.D., Auburn, N. Y.	1736 Park St.
Wm. H. Byford, M.D., Chicago, Ill.,	
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Francis W. Campbell, M.D., Montreal, Canada,	Colonnade Hotel.
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I. A. Campbell, M.D., Grafton, W. Va.,	252 South 10th St.
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Joseph Carson, M.D., Philadelphia,	1120 Spruce St.
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B. H. Catlin, M.D., West Meriden, Conn.,	3245 Sansom St.
Stanford E. Chaillé, M.D., New Orleans, La.,	Hotel Aubrey.
E. W. Clark, M.D., Grinnell, Iowa,	

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Richard A. Cleemann, M.D., Philadelphia,	340 S. 21st St.
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J. Solis Cohen, M.D., Philadelphia,	1431 Walnut St.
Abraham Coles, M.D., Newark, N. J.,	
George Lewis Collins, M.D., Providence, R. I.,	1521 Spruce St.
Edward Cox, M.D., Battle Creek, Michigan,	Irving House.
Francis D. Cunningham, M.D., Richmond, Va.,	La Pierre House.
Geo. Cupples, M.D., San Antonio, Texas.,	Hotel Aubrey.
R. G. Curtin, M.D., Philadelphia,	322 S. 17th St.
John Curwen, M.D., Harrisburg, Pa.	
J. M. Da Costa, M.D., Philadelphia.	1700 Walnut St.
J. C. Dalton, M.D., New York City,	Continental Hotel.
John Davis, M.D., Cincinnati, Ohio,	Bryn Mawr, Penna.
Nathan S. Davis, M.D., Chicago, Ill.,	Continental Hotel.
Richard Davy, Esq., F.R.C.S., London, England,	St. George Hotel.
Pierre Debaisieux, M.D., Louvain, Belgium,	4823 Haverford Av.
Charles Denison, M.D., Denver, Colorado.	2034 Chestnut St.
Henry D. Didama, M.D., Syracuse, N. Y.,	3420 Sansom St.
Stephen Dodge, M.D., Halifax, Nova Scotia,	608 S. 9th St.
J. Lewis Dorset, M.D., Genito, Va.,	1928 Race St.
Greensville Dowell, M.D., Galveston, Texas,	1338 Spruce St.
Thomas M. Drysdale, M.D., Philadelphia,	1531 Arch St.
L. A. Dugas, M.D., Augusta, Georgia,	St. Cloud Hotel.
J. J. Dugdale, M.D., Montreal, Canada,	Grand Exposition Hotel.
Thomas S. Duffy, M.D., Rutherfordton, N. C.,	Continental Hotel.
Louis A. Duhring, M.D., Philadelphia,	1416 Spruce St.
R. J. Dunglison, M.D., Philadelphia,	814 N. 16th St.
Alexander Dunlap, M.D., Springfield, Ohio,	Girard House.
Charles W. Earle, M.D., Chicago, Ill.,	1917 Hamilton St.
S. S. Earle, M.D., St. John, N. B.,	St. George Hotel.
J. C. Eastman, M.D., Hampstead, N. H.,	Hotel Aubrey.
James H. Eldredge, M.D., East Greenwich, R. I.,	Grand Villa Hotel.
William Elmer, M.D., Bridgeton, N. J.	
Paul F. Eve, M.D., Nashville, Tenn.,	1432 Spruce St.
S. Engelsted, M.D., Copenhagen, Denmark,	757 Corinthian Av.
J. A. Estlander, M.D., Helsingfors, Finland,	39 Saunders Av.
David S. Fairchild, M.D., Ames, Iowa,	
Cyrus Falconer, M.D., Hamilton, Ohio,	Globe Hotel.
P. J. Farnsworth, M.D., Clinton, Iowa,	37th and Spruce St.
George Jackson Fisher, M.D., Sing Sing, N. Y.	Continental Hotel.
Emil Fischer, M.D., Philadelphia,	729 N. 6th St.
William Finlay, M.D., Edinburgh, Scotland,	1425 Arch St.

NAME.	RESIDENCE.
Thomas Davis Fitch, M.D., Chicago, Ill.,	Girard House.
Thomas M. Flandreau, M.D., Rome, N. Y.,	622 W. 40th St.
Austin Flint, M.D., New York City,	11th and Walnut Sts.
Austin Flint, Jr., M.D., New York City,	Continental Hotel.
William H. Ford, M.D., Philadelphia,	1622 Summer St.
William Fox, M.D., Madison, Wis.,	Girard House.
Albert Fricke, M.D., Philadelphia,	235 N. 6th St.
F. T. Fuller, M.D., Raleigh, N. C.,	Washington Hotel.
Anatole de Gaine, M.D., St. Petersburg, Russia,	235 South 6th St.
Frederic Henry Gerrish, M.D., Portland, Maine.	
Henry Gibbons, M.D., San Francisco, Cal.	
William Goodell, M.D., Philadelphia,	20th and Hamilton Sts.
H. Earnest Goodman, M.D., Philada.,	1427 Chestnut St.
Thomas W. Gordon, M.D., Georgetown, Ohio.	
J. W. S. Gouley, M.D., N. Y. City	Continental Hotel.
J. A. Grant, M.D., Ottawa, Canada,	Hotel Aubrey.
John P. Gray, M.D., Utica, N. Y.,	Globe Hotel.
John Green, M.D., St. Louis, Mo.,	Continental Hotel.
Wm. Warren Greene, M.D., Portland, Maine,	Continental Hotel.
Traill Green, M.D., Easton, Pa.,	La Pierre House.
Josias A. Grelaud, M.D., Louisville, Ky.,	617 N. 10th St.
Samuel D. Gross, M.D., Philadelphia,	Cor. 11th and Walnut Sts.
S. W. Gross, M.D., Philadelphia,	1115 Walnut St.
Francis M. Gunnell, M.D., U. S. N., Washington, D. C.	
Charles Hamilton, M.D., Cornwallis, Nova Scotia,	919 Chestnut St.
Frank H. Hamilton, M.D., N. Y. City,	Hotel Aubrey.
J. W. Hamilton, M.D., Columbus, Ohio,	Girard House.
D. W. Hand, M.D., St. Paul, Minn.,	1505 N. Broad St.
Charles J. Hare, M.D., London, Eng.,	St. George Hotel.
George C. Harlan, M.D., Philadelphia,	1806 Chestnut St.
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Henry Hartshorne, M.D., Haverford College, Pa.,	1210 Filbert St.
N. L. Hatfield, M.D., Philadelphia,	501 Franklin St.
I. Minis Hays, M.D., Philadelphia,	1607 Locust St.
W. J. Heddins, M.D., St. Joseph, Mo.,	Continental Hotel.
Charles Heitzmann, M.D., N. Y. City,	235 S. 8th St.
George E. Hersey, M.D., Manchester, N. H.,	Hotel Aubrey.
Charles A. Hewitt, M.D., Red Wing, Minn.,	
Addinell Hewson, M.D., Philadelphia,	2100 Walnut St.
Albert G. Heyl, M.D., Phila.,	1535 Pine St.
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NAME.	RESIDENCE.
Wm. H. Hingston, M.D., Montreal, Canada,	1229 Chestnut St.
Homer O. Hitchcock, M.D., Kalamazoo, Mich.,	Chestnut Hill.
Johan Hjort, M.D., Christiania, Norway,	3716 Chestnut St.
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R. P. Howard, M.D., Montreal, Canada,	St. George Hotel.
John C. Hubbard, M.D., Ashtabula, Ohio,	525 Franklin St.
Stephen G. Hubbard, M.D., New Haven, Conn.	United States Hotel.
R. F. Hudson, M.D., Ballarat, Australia,	St. George Hotel.
Prof. Hueter, Griefswald,	2140 Hancock St.
C. H. Hughes, M.D., St. Louis, Mo.	Girard House.
E. W. Hughes, M.D., Grenada, Miss.	
J. C. Hughes, M.D., Keokuk, Iowa,	317 S. 10th St.
Edward R. Hun, M.D., Albany, N. Y.	1835 Chestnut St.
Ezra M. Hunt, M.D., Metuchen, N. J.,	10th and Fairmount Ave.
William Hunt, M.D., Philadelphia,	1300 Spruce St.
John C. Hupp, M.D., Wheeling, Va.,	Continental Hotel.
A. Hurd, M.D., Findlay, Ohio,	St. Cloud Hotel.
W. S. Huselton, M.D., Allegheny City, Pa.,	Girard House.
Alexander Hutchins, M.D., Brooklyn, N. Y.,	St. Charles Hotel.
Jas. H. Hutchinson, M.D., Philadelphia,	2019 Walnut St.
Joseph C. Hutchison, M.D., Brooklyn, N. Y.,	Hotel Aubrey.
Frederick Hyde, M.D., New York,	4024 Chestnut St.
Wm. Irvin, M.D., Breakneck, Pa.,	1257 N. 15th St.
Harvey Jewett, M.D., Canandaigua, N. Y.,	145 N. 11th St.
P. A. Jewett, M.D., New Haven, Conn.,	Continental Hotel.
A. H. Johnson, M.D., Salem, Mass.,	Continental Hotel.
Jno. C. Johnson, M.D., Blairstown, N. J.,	Merchants' Hotel.
H. A. Johnson, M.D., Chicago, Ill.,	118 N. 11th St.
Christopher Johnston, M.D., Baltimore, Md.	St. George Hotel.
Samuel J. Jones, M.D., Chicago, Ill.	Continental Hotel.
L. S. Joynes, M.D., Richmond, Va.,	1323 Spruce St.
W. W. Keen, M.D., Philadelphia,	1729 Chestnut St.
Walter Kempster, M.D., Winnebago Co., Wisconsin,	
	S. E. cor. 20th and Mt. Vernon Sts.
J. G. Kerr, M.D., San Francisco,	1954 N. 10th St.
E. L. Keyes, M.D., N. Y. City,	1823 Chestnut St.
S. B. Kieffer, M.D., Carlisle, Pa.,	714 N. 19th St.
G. Kimball, M.D., Lowell, Mass.,	Globe Hotel.

NAME.	RESIDENCE.
C. B. King, M.D., Allegheny City, Pa.,	2014 Race St.
R. A. Kinloch, M.D., Charleston, S. C.,	1430 Spruce St.
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Herman Knapp, M.D., New York City.	West End Hotel.
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C. Lange, M.D., Copenhagen, Denmark,	757 Corinthian Av.
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James U. Letcher, M.D., Henderson, Ky.,	108 N. 41st st.
Joseph Lister, Edinburgh, Scotland,	Continental Hotel.
William T. Lusk, M.D., N. Y. City,	St. George Hotel.
Alfred A. Lutkins, M.D., Jersey City, N. J.,	Hotel Aubrey.
Thomas Lyon, M.D., Williamsport, Penna.,	1927 N. 12th St.
John Duff Macdonald, M.D., Hamilton, Ont.,	Merchants' Hotel.
John H. Mackie, M.D., New Bedford, Mass.	Guy's Hotel.
Thos. L. Maddin, M.D., Nashville, Tenn.,	10th and Arch St.
T. D. Manning, M.D., Waco, Texas,	
S. Marks, M.D., Milwaukee, Wis.,	Hotel Aubrey.
Darius Mason, M.D., Prairie-du-Chien, Wis.,	1824 Girard Ave.
F. F. Maury, M.D., Philadelphia,	1218 Walnut St.
Hunter McGuire, M.D., Richmond, Va.,	Continental Hotel.
Theodore A. McGraw, M.D., Detroit, Michigan,	Globe Hotel.
John W. McIlheney, M.D., Warrenton, Va.,	La Pierre House.
Thomas F. McLean, M.D., Goderich, Ontario,	Grand Exposition Hotel.
Geo. W. Mears, M.D., Indianapolis, Ind.,	1429 Walnut St.
J. Ewing Mears, M.D., Philadelphia,	1429 Walnut St.
Jas. Aitken Meigs, M.D., Philada.,	1408 Spruce St.
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Francis Minot, M.D., Boston, Mass.,	Bryn Mawr Hotel.
H. Miyake, M.D., Tokio, Japan,	1337 Spruce St.
John F. Monmonier, M.D., Baltimore, Md.	
E. M. Moore, M.D., Rochester, N. Y.,	Hotel Aubrey.
Geo. R. Morehouse, M.D., Philadelphia,	227 S. 9th St.
Thomas G. Morton, M.D., Philada.,	1421 Chestnut St.
Alexander B. Mott, M.D., New York City,	Hotel Aubrey.
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H. L. Orth, M.D., Harrisburg, Pa.	
J. W. D. Osgood, M.D., Greenfield, Mass.	
George A. Otis, M.D., Washington, D.C.,	La Pierre House.
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Jno. H. Packard, M.D., Philadelphia,	1924 Spruce St.
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Edward H. Parker, M.D., Poughkeepsie, N. Y.,	1106 Spruce St.
Joseph Parrish, M.D., Burlington, N. J.	
Theophilus Parvin, M.D., Indianapolis, Ind.,	Girard House.
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PHILADELPHIA, 1876.

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AMERICAN CENTENNIAL CELEBRATION.

INTERNATIONAL MEDICAL CONGRESS.

The Medical Societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow-citizens in celebrating the Centennial Birthday of American Independence, have taken the initiatory steps for the formation of an INTERNATIONAL MEDICAL CONGRESS, by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given, the delegation has organized itself into

THE CENTENNIAL MEDICAL COMMISSION OF PHILADELPHIA,

WITH THE FOLLOWING OFFICERS:

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Arrangements have been made for the holding of the CONGRESS in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress:—

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be eight, viz. :—

1. MEDICINE, including PATHOLOGY, PATHOLOGICAL ANATOMY and THERAPEUTICS.
2. BIOLOGY, including ANATOMY, HISTOLOGY, PHYSIOLOGY and MICROSCOPY.
3. SURGERY, including DERMATOLOGY and SYPHILOLOGY.
4. OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.
5. CHEMISTRY, TOXICOLOGY and MEDICAL JURISPRUDENCE.
6. SANITARY SCIENCE, including HYGIENE and MEDICAL STATISTICS.
7. OPHTHALMOLOGY and OTOTOLOGY.
8. MENTAL DISEASES.

IV. No vote shall be taken during the sittings of the Congress upon any topic discussed or address delivered.

In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded to its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships.

The Centennial Medical Commission tender in advance to their brethren in all parts of the world a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1876.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

All communications must be addressed to the appropriate Secretaries.

WILLIAM B. ATKINSON, 1400 Pine Street, Philadelphia, *Recording Secretary.*

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PHILADELPHIA, October, 1875.

Centennial Medical Commission of Philadelphia.

Philadelphia, — — — — — 187

INTERNATIONAL MEDICAL CONGRESS.

PHILADELPHIA, 1876.

SEPTEMBER 4TH-9TH.

The International Medical Congress will be formally opened at noon, on Monday, the 4th day of September, 1876, in the University of Pennsylvania.

The following addresses will be delivered before the Congress in general meeting:—

ADDRESS ON MEDICINE, by Austin Flint, M.D., Professor of Practice of Medicine in Bellevue Hospital Medical College, New York.

ADDRESS ON HYGIENE AND PREVENTIVE MEDICINE, by Henry I. Bowditch, M.D., President of State Board of Health of Massachusetts.

ADDRESS ON SURGERY, by Paul F. Eve, M.D., Professor of Operative and Clinical Surgery in the University of Nashville.

ADDRESS ON OBSTETRICS, by Theophilus Parvin, M.D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

ADDRESS ON MEDICAL CHEMISTRY AND TOXICOLOGY, by Theodore G. Wormley, M.D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

ADDRESS ON MEDICAL BIOGRAPHY, by J. M. Toner, M.D., of Washington, D. C.

ADDRESS, by Dr. Hermann Lebert, Professor of Clinical Medicine in the University of Breslau.

ADDRESS ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS, by Nathan S. Davis, M.D., Professor of Principles and Practice of Medicine in Chicago Medical College.

ADDRESS ON MEDICAL LITERATURE, by Lunsford P. Yandell, M.D., late Professor of Physiology in the University of Louisville.

ADDRESS ON MENTAL HYGIENE, by John P. Gray, M.D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, New York.

ADDRESS ON MEDICAL JURISPRUDENCE, by Stanford E. Chaillé, M.D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

Discussions on scientific subjects will be opened in the Sections as follows:—

SECTION I. MEDICINE.

1st Question. Typho-malarial Fever; is it a Special Type of Fever? Reporter, J. J. Woodward, M.D., Assistant Surgeon U. S. Army.

2d Question. Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M.D., Physician to the New York Infants' Hospital.

3d Question. Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

4th Question. The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M.D., of Denver, Colorado.

SECTION II. BIOLOGY.

1st Question. Microscopy of the Blood. Reporter, Christopher Johnston, M.D., Professor of Surgery in the University of Maryland.

2d Question. The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

3d Question. Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M.D., Professor of Physiology in the University of the City of New York.

4th Question. The Mechanism of Joints. Reporter, Harrison Allen, M.D., Professor of Comparative Anatomy in the University of Pennsylvania.

SECTION III. SURGERY.

1st Question. Antiseptic Surgery. Reporter, John T. Hodgen, M.D., Professor of Surgical Anatomy and of Clinical Surgery in the St. Louis Medical College.

2d Question. Medical and Surgical Treatment of Aneurism. Reporter, William H. Van Buren, M.D., Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

3d Question. Treatment of Coxalgia. Reporter, Lewis A. Sayre, M.D., Professor of Orthopaedic Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

4th Question. The Causes and the Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M.D., of Mobile, Alabama.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

1st Question. Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Reporter, James C. White, M.D., Professor of Dermatology in Harvard University.

2d Question. Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M.D., of New York.

3d Question. The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J.

Bumstead, M.D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

4th Question. The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. L. Keyes, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

SECTION V. OBSTETRICS.

1st Question. The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College.

2d Question. The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, M.D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

3d Question. The Treatment of Fibroid Tumors of the Uterus. Reporter, Washington L. Atlee, M.D., of Philadelphia.

4th Question. The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

SECTION VI. OPHTHALMOLOGY.

1st Question. The Comparative Value of Caustics and of Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Reporter, Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University.

2d Question. Tumors of the Optic Nerve. Reporter, Hermann Knapp, M.D., of New York.

3d Question. Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati.

4th Question. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M.D., of New York.

SECTION VII. OTOTOLOGY.

1st Question. Importance of Treatment of Aural Diseases in their early Stages, especially when arising from the Exanthemata. Reporter, Albert H. Buck, M.D., of New York.

2d Question. What is the Best Mode of Uniform Measurement of Hearing? Reporter,

Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

3d Question. In what Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.

1st Question. Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago, Ill.

2d Question. Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopædic Surgery in the University of the City of New York.

3d Question. The General Subject of Quarantine with Particular Reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M.D., Supervising Surgeon-General U. S. Marine Hospital Service.

4th Question. The Present Condition of the Evidence concerning "Disease-germs." Reporter, Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. MENTAL DISEASES.

1st Question. The Microscopical Study of the Brain. Reporter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

2d Question. Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M.D., of Philadelphia.

3d Question. Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis, Mo.

4th Question. The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M.D., Physician and Superintendent of the Government Hospital for the Insane, Washington, D. C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the first of August, in order that places may be assigned them on the programme.

In order to facilitate debate there will be published on or about June 1st the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The Public Dinner of the Congress will be given on Thursday, September 7th, at 6.30 P. M.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. cor. of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries at Philadelphia.

The foregoing programme is published by the authority of the Committee of Arrangements of the Centennial Medical Commission.

S. D. GROSS, M.D.,

President.

WILLIAM B. ATKINSON, M.D., 1400 Pine Street, *Recording Secretary.*

WILLIAM GOODELL, M.D., 20th and Hamilton Sts.,

DANIEL G. BRINTON, M.D., 115 S. 7th Street,

RICHARD J. DUNGLISON, M.D., 814 N. 16th Street,

R. M. BERTOLET, M.D., 113 S. Broad Street,

} *American Corresponding Secretaries.*

} *Foreign Corresponding Secretaries.*

Philadelphia, March, 1876.

International Medical Congress.

PHILADELPHIA, 1876.

All communications should be addressed to the Corresponding Secretary.

Philadelphia, 187

To

SIR :

We have the honor to inform you that you have been elected a member of the Executive Committee of the CENTENNIAL MEDICAL COMMISSION. The accompanying circular sets forth the objects and work of the Commission as far as it has progressed. Any further information you may at any time desire we shall be happy to furnish you.

We beg to entrust to you and the other members from your State, the interests of the Congress in.....

The Secretary of your State Medical Society will be notified that the proposed plan of organization entitles the Society to send to the International Medical Congress the same number of delegates as your State has Representatives in Congress.

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The favor of an early answer is requested.

We have the honor to be

Your obedient servants,

.....
President.

.....
Corresponding Secretary.

CENTENNIAL MEDICAL COMMISSION.

PHILADELPHIA,

1876.

MY DEAR-SIR:

The time allotted to you for the reading of your paper before the Section on..... in the International Medical Congress, is limited to thirty minutes.

In order to facilitate discussion, you are urgently requested to forward to the Committee of Arrangements, before May 20th, the heads of your essay or of your opening remarks.

You are also requested to sum up, at the close of your paper, the views embodied in it, by such conclusions or propositions as can be voted upon separately in the Section, and afterwards reported to the Congress.

Very respectfully, yours,

✓
[Form for Registration.]

INTERNATIONAL MEDICAL CONGRESS,
1876.

PHILADELPHIA, SEPTEMBER 4-9.

Name, _____

Post-office Address, _____

Delegate from _____

Residence in Philadelphia, _____

INTERNATIONAL MEDICAL CONGRESS.

PUBLIC DINNER,

FRIDAY EVENING, SEPTEMBER 8.

To the Secretary of the Committee on Entertainment:

I hereby subscribe to the Public Dinner of the Congress.

SUBSCRIPTION \$10.

Delegate from _____

Registration Fee (limited to members from the United States)
Ten Dollars, and entitles the member to a copy of the
Transactions of the Congress.

NOTE.—As only a limited edition will be printed, gentlemen wishing to obtain the Volume should fill out and return this blank, with the sum of Six Dollars, without delay, to the care of the College of Physicians, N. E. cor. Thirteenth and Locust Sts., Philadelphia.

INTERNATIONAL MEDICAL CONGRESS,

PHILADELPHIA, 1876.

SEPTEMBER 1876.

TO THE CHAIRMAN OF THE COMMITTEE ON PUBLICATION:

Please forward to my address one copy of the
TRANSACTIONS OF THE INTERNATIONAL MEDICAL CON-
GRESS OF 1876.

Name,

Address,

INTERNATIONAL MEDICAL CONGRESS.

Philadelphia, September 1876.

Received of Dr.

SIX DOLLARS, *for one copy of the Transactions of the
International Medical Congress of 1876.*

Chairman of the Committee on Publication.

CENTENNIAL MEDICAL COMMISSION.

PHILADELPHIA,

1876.

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Very respectfully, yours,

International Medical Congress, 1876.

PHILADELPHIA, SEPTEMBER 4—9.

THE INTERNATIONAL MEDICAL CONGRESS

WILL BE FORMALLY OPENED

At noon, on Monday, the 4th day of September,

IN THE

UNIVERSITY OF PENNSYLVANIA,

Locust and Thirty-fourth Streets.

PROGRAMME OF PUBLIC BUSINESS.

Monday, September 4th.

Noon. GENERAL MEETING.

PRAYER, by the Rt. Rev. WM. BACON STEVENS, M.D.,
D.D., LL.D., Bishop of Pennsylvania.

ADDRESS OF WELCOME, by S. D. GROSS, M.D., LL.D.,
D.C.L. Oxon., President of the Centennial Medical
Commission.

GENERAL BUSINESS.

**1 P. M. ADDRESS ON MEDICINE, by AUSTIN FLINT, M.D., Pro-
fessor of Practice of Medicine in Bellevue Hospital
Medical College, New York.**

2 P. M. PUBLIC LUNCHEON.

3 P. M. MEETINGS OF SECTIONS.

SECTION I. MEDICINE.

Typho-malarial Fever; is it a Special Type of Fever?
Reporter, J. J. Woodward, M.D., Surgeon U. S.
Army.

SECTION II. BIOLOGY.

Microscopy of the Blood. Reporter, Christopher
Johnston, M.D., Professor of Surgery in the Uni-
versity of Maryland.

SECTION III. SURGERY.

Antiseptic Surgery. Reporter, John T. Hodgen, M.D.,
Professor of Surgical Anatomy and of Clinical Sur-
gery in the St. Louis Medical College.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

Variations in Type and in Prevalence of Diseases of the
Skin in Different Countries of Equal Civilization.
Reporter, James C. White, M.D., Professor of Der-
matology in Harvard University.

3 P. M. SECTION V. OBSTETRICS.

The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M.D., Professor of Obstetrics and Diseases of Women in the Chicago Medical College.

SECTION VI. OPHTHALMOLOGY.

The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Reporter, Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University.

SECTION VII. OTOTOLOGY.

Importance of Treatment of Aural Diseases in their early Stages, especially when arising from the Exanthemata. Reporter, Albert H. Buck, M.D., of New York.

SECTION VIII. SANITARY SCIENCE.

The Present Condition of the Evidence concerning "Disease-germs." Reporter, Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. MENTAL DISEASES.

The Microscopical Study of the Brain. Reporter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

8 P. M. PUBLIC RECEPTION, by the Medical Profession of Philadelphia, in the Judges' Hall, Exhibition Grounds, Fairmount Park. Entrance at corner of Elm and Belmont Avenues, by Carriage Gate, or Turnstile No. 55, adjoining.

Tuesday, September 5th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

11 A. M. ADDRESS ON HYGIENE AND PREVENTIVE MEDICINE, by HENRY I. BOWDITCH, M.D., President of State Board of Health of Massachusetts.

12 M. ADDRESS ON MEDICAL CHEMISTRY AND TOXICOLOGY, by THEODORE G. WORMLEY, M.D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

1 P. M. PUBLIC LUNCHEON.**2 P. M. MEETINGS OF SECTIONS.****SECTION I. MEDICINE.**

Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M.D., Physician to the New York Infants' Hospital. Medical Teaching. By Prof. A. P. Reid, of Halifax Medical College, Nova Scotia.

SECTION II. BIOLOGY.

The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

2 P. M.

SECTION III. SURGERY.

Medical and Surgical Treatment of Aneurism. Reporter, William H. Van Buren, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

On Ambulances and Litters. By Dr. Bedoin, Médecin Major 8 Rég't. de Chasseurs à Cheval, France. (Translated by Wm. Ashbridge, M.D., of Philadelphia.)

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M.D., of New York.

Leprosy. By F. H. Enders, M.D., Government Physician to Sandwich Islands.

SECTION V. OBSTETRICS.

The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, A.M., M.D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

On the Management of Convulsions in Children, depending upon a High Temperature of the Body. By T. K. Holmes, M.D., of Chatham, Ontario, Canada.

SECTION VI. OPHTHALMOLOGY.

Tumors of the Optic Nerve. Reporter, Hermann Knapp, M.D., of New York.

SECTION VII. OTOTOLOGY.

What is the Best Mode of Uniform Measurement of Hearing? Reporter, Charles H. Burnett, M.D., Aural Surgeon to Presbyterian Hospital, Philadelphia.

SECTION VIII. SANITARY SCIENCE.

Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopædic Surgery in the University of the City of New York.

SECTION IX. MENTAL DISEASES.

Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M.D., of Philadelphia.

Wednesday, September 6th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

11 A. M. ADDRESS ON SURGERY, by PAUL F. EVE, M.D., Professor of Operative and Clinical Surgery in the University of Nashville.

12 M. ADDRESS ON MEDICAL BIOGRAPHY, by J. M. TONER, M.D., of Washington, D. C.

1 P. M. PUBLIC LUNCHEON.

2 P. M. MEETINGS OF SECTIONS.

SECTION I. MEDICINE.

Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M.D., Professor of Theory and Practice of Medicine in Medical College of Ohio.

2 P. M.

The Treatment of Phthisis Pulmonalis. By Dr. E. G. Eliascopulus, of Galaxidi, Greece. (Translated by John Guit  ras, M.D., of Philadelphia.)

Etiology of Epilepsy. By W. B. Neftel, M.D., of New York.

SECTION II. BIOLOGY.

Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M.D., Professor of Physiology in the University of the City of New York.

SECTION III. SURGERY.

Treatment of Coxalgia. Reporter, Lewis A. Sayre, M.D., Professor of Orthop  dic Surgery and of Clinical Surgery in Bellevue Hospital Medical College, New York.

Report of a Case of Sub-periosteal Excision and Disarticulation of the entire Inferior Maxillary Bone, for Phosphorus Necrosis. By J. W. S. Gouley, M.D., of New York.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J. Bumstead, M.D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

The Virus of Venereal Sores; its Unity or Duality. By Charles R. Drysdale, M.D., Senior Physician to the Metropolitan Free Hospital, London,

SECTION V. OBSTETRICS.

The Treatment of Fibroid Tumors of the Uterus. Reporter, Washington L. Atlee, M.D., of Philadelphia.

The Three most Important Obstetrical Instruments. By Prof. Lazarewich, University of Kharkoff, Russia.

On Electrolysis, especially for the Cure of Ovarian Cysts. By Frederic Semeleder, M.D., late Lecturer at the University of Vienna.

SECTION VI. OPHTHALMOLOGY.

Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati.

SECTION VII. OTOLOGY.

In what Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.

The General Subject of Quarantine with Particular Reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M.D., Supervising Surgeon-General U. S. Marine Hospital Service.

Disinfection in Yellow Fever. By C. B. White, M.D., of New Orleans.

SECTION IX. MENTAL DISEASES.

Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis, Mo.

- 7.30 P. M. ADDRESS: THE MEDICAL STAFF OF THE UNITED STATES ARMY, AND ITS SCIENTIFIC WORK, by J. J. WOODWARD, M.D., Surgeon U. S. Army. To be delivered in the Lecture Hall of the JEFFERSON MEDICAL COLLEGE, Tenth Street, between Chestnut and Walnut.

Thursday, September 7th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

- 11 A. M. ADDRESS ON OBSTETRICS, by THEOPHILUS PARVIN, M.D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

- 12 M. ADDRESS ON MEDICAL JURISPRUDENCE, by STANFORD E. CHAILLE, M.D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

1 P. M. PUBLIC LUNCHEON.

2 P. M. MEETINGS OF SECTIONS.

SECTION I. MEDICINE.

The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M.D., of Denver, Colorado.

The Open Air Treatment of Consumption. By Henry MacCormac, M.D., of Belfast, Ireland.

SECTION II. BIOLOGY.

The Mechanism of Joints. Reporter, Harrison Allen, M.D., Professor of Zoology and Comparative Anatomy in the University of Pennsylvania.

SECTION III. SURGERY.

The Causes and Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M.D., of Mobile, Alabama.

Electrolytic Treatment of Malignant Tumors. By W. B. Neftel, M.D., of New York.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. L. Keyes, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages. By Charles R. Drysdale, M.D., Senior Physician to the Metropolitan Free Hospital, London.

SECTION V. OBSTETRICS.

The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

Paracentesis, Aspiration, and Transfusion. By Simon Fitch, M.D., of New York.

2 P. M. SECTION VI. OPHTHALMOLOGY.

Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M.D., of New York.

Relations between Refractive Lesions and Corneal Ulcers. By George C. Stevens, M.D., of Albany, New York.

SECTION VII. OTOTOLOGY.

What is the Best Mode of Determining the Hearing of School-Children, and how should partially Deaf Children be Instructed—in mixed classes with those who hear well, or in separate classes where due allowance will be made for their defective hearing? Reporter, Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

SECTION VIII. SANITARY SCIENCE.

Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago, Ill.

Universal Pharmacopœia. By E. R. Squibb, M.D., of Brooklyn, New York.

SECTION IX. MENTAL DISEASES.

The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M.D., Physician and Superintendent of Government Hospital for Insane, Washington, D.C.

Friday, September 8th.

10 A. M. GENERAL MEETING.

REPORTS FROM SECTIONS.

11 A. M. ADDRESS ON MENTAL HYGIENE, by JOHN P. GRAY, M.D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, New York.

12 M. ADDRESS ON MEDICAL LITERATURE, by LUNSFORD P. YANDELL, M.D., late Professor of Physiology in the University of Louisville.

1 P. M. PUBLIC LUNCHEON.**2 P. M. MEETINGS OF SECTIONS.****SECTION I. MEDICINE.**

The Treatment of Simple Ulcer of the Stomach. By Dr. H. Lebert, formerly Professor of Clinical Medicine at Zurich and at Breslau. (Translated by Charles W. Dulles, M.D., of Philadelphia.)

Progressive Pernicious Anæmia. By R. P. Howard, M.D., of Montreal.

Alcohol in its Therapeutic Relations as a Food and a Medicine. By Ezra M. Hunt, M.D., of Metuchen, New Jersey.

SECTION II. BIOLOGY.

2 P. M. SECTION III. SURGERY.

Subcutaneous Division of the Neck of the Thigh Bone.

By Mr. William Adams, President of the Medical Society of London.

Penetrating Wounds of the Abdomen; with the Suggestions of a change of Practice in such Cases. By L. A. Dugas, M.D., Professor of Surgery in Medical College of Georgia.

On the Propriety of Opening the Sac in Strangulated Hernia. By Frederic Hyde, M.D., of Cortland Village, New York.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

Measures to prevent the Propagation of Venereal Diseases in Denmark. By S. Engelsted, Physician-in-Chief of the Copenhagen Hospital.

Prevention of Syphilis. By Charles R. Drysdale, M.D., Senior Physician to Metropolitan Free Hospital, London.

SECTION V. OBSTETRICS.

Uterine Hemorrhage. By Prof. E. H. Trenholmne, Professor of Midwifery and Diseases of Women and Children, Bishop's College, Montreal.

Chronic Inversion of the Uterus. By James P. White, M.D., of Buffalo, New York.

Retroversion of the Gravid Uterus. By T. F. Rochester, M.D., President of New York State Medical Society.

SECTION VI. OPHTHALMOLOGY.

Report of One Hundred Cases of Senile Cataract. By Dudley S. Reynolds, M.D., of Louisville, Kentucky.

SECTION VII. OTOTOLOGY.

Aural Vertigo with Variable Hearing. By Charles H. Burnett, M.D., Aural Surgeon to the Presbyterian Hospital, Philadelphia.

SECTION VIII. SANITARY SCIENCE.

Metrical System of Weights and Measures. By E. R. Squibb, M.D., of Brooklyn, New York.

Medical Missions. By J. G. Kerr, M.D., of China.

SECTION IX. MENTAL DISEASES.

Treatment of Inebriates in Asylums. By George Burr, M.D., of Binghamton, New York.

7 P. M. PUBLIC DINNER.

At St. George's Hall, S. W. cor. Arch and Thirteenth Sts.

Saturday, September 9th.**10 A. M. GENERAL MEETING.**

REPORTS FROM SECTIONS.

11 A. M.

ADDRESS ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS, by NATHAN S. DAVIS, M.D., Professor of Principles and Practice of Medicine in Chicago Medical College.

INTERNATIONAL MEDICAL CONGRESS.

DIRECTORY.

GENERAL SESSIONS, CHAPEL, 2d Story, Centre.

Section	I.	MEDICINE	2d Story, West.
"	II.	BIOLOGY	1st Story, West.
"	III.	SURGERY	2d Story, Centre.
"	IV.	DERMATOLOGY AND SYPHILOLOGY .	2d Story, West.
"	V.	OBSTETRICS	2d Story, West.
"	VI.	OPHTHALMOLOGY	2d Story, East.
"	VII.	OTOLOGY	2d Story, East.
"	VIII.	SANITARY SCIENCE,	1st Story, West.
"	IX.	MENTAL DISEASES	1st Story, West.

COMMITTEE ON REGISTRATION, West side of Entrance Hall.

POST OFFICE AND HALL COMMITTEE, East side of Entrance Hall.

WRITING AND CONVERSATION ROOM, 1st Story, West.

COMMITTEE ON ENTERTAINMENT, 2d Story, Centre.

LUNCH ROOM, Basement.

REGISTRATION.

Thursday, Aug. 31, Friday, Sept. 1, and Saturday, Sept. 2, at COLLEGE OF PHYSICIANS, Locust and Thirteenth Streets, from 12 M. to 3 P. M.

Monday, Sept. 4, at UNIVERSITY OF PENNSYLVANIA, from 9 to 12.

And daily thereafter from 9 to 10.

Letters for Members of the Congress, directed to the care of the College of Physicians of Philadelphia, during the Sessions of the Congress, will be delivered at the University of Pennsylvania.

International Medical Congress.

PHILADELPHIA, 1876.

All communications should be addressed to the Corresponding Secretary.

Philadelphia, 187

To

SIR :

We have the honor to inform you that you have been elected a member of the Executive Committee of the CENTENNIAL MEDICAL COMMISSION. The accompanying circular sets forth the objects and work of the Commission as far as it has progressed. Any further information you may at any time desire we shall be happy to furnish you.

We beg to entrust to you and the other members from your State, the interests of the Congress in

The Secretary of your State Medical Society will be notified that the proposed plan of organization entitles the Society to send to the International Medical Congress the same number of delegates as your State has Representatives in Congress.

In accepting membership in the Executive Committee, you assume no personal or pecuniary liability in connection with the work.

The favor of an early answer is requested.

We have the honor to be

Your obedient servants,

.....
President.

Corresponding Secretary.

International Medical Congress

AMSTERDAM, 1874

All communications should be addressed to the Corresponding Secretary.

187

Amsterdam

To

THE

We have the honor to inform you that you have been elected a member of the Executive Committee of the International Medical Congress. The accompanying circular contains the object and aims of the Congress as far as it has progressed. Any further information you may at any time desire we shall be happy to furnish you.

We beg to assure you and the other members that your name, the interests of the Congress in

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International Medical Congress.

PHILADELPHIA, 1876.

All communications should be addressed to the Corresponding Secretary.

Philadelphia, 187

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We have the honor to be

Your obedient servants,

President.

Corresponding Secretary.

International Medical Congress

PHILADELPHIA, 1876.

All communications should be addressed to the Corresponding Secretary.

187

Philadelphia,

To

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We beg to assure you and the other members from your State, the interests of the Congress in the Society of your State Medical Society will be maintained. The proposed plan of organization unites the Society to send to the International Medical Congress the same number of delegates as your State has Representatives in Congress.

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We have the honor to be

Your obedient servant,

Corresponding Secretary

International Medical Congress.

PHILADELPHIA, 1876.

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Philadelphia, 187

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We have the honor to be

Your obedient servants,

.....
President.

Corresponding Secretary.

International Medical Congress

PHILADELPHIA, 1876

All communications should be addressed to the Corresponding Secretary.

187

Philadelphia

To

Sir:

We have the honor to inform you that you have been elected a member of the Executive Committee of the International Medical Congress. The accompanying circular contains the details and will of the Commission as far as it has progressed. Any further information you may require we shall be happy to furnish you.

We beg to extend to you and the other members from your State the sincerest of the Congress in

The Secretary of your State Medical Society will be enabled that the proposed plan of organization under the Society to work in the International Medical Congress the same number of delegates as your State has representation in Congress.

In keeping membership in the Executive Committee, you must be personal or pecuniary liability in connection with the work.

The favor of an early answer is requested.

We have the honor to be

Your obedient servants,

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be nine, viz:—

1. Medicine, including Pathology, Pathological Anatomy and Therapeutics.
2. Surgery.
3. Obstetrics.
4. Dermatology and Syphilology.

INTERNATIONAL MEDICAL CONGRESS.

The Medical Societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow-citizens in celebrating the Centennial Birthday of American Independence, have taken the initiatory steps for the formation of an INTERNATIONAL MEDICAL CONGRESS, by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given, the delegation has organized

THE CENTENNIAL MEDICAL COMMISSION,

WITH THE FOLLOWING OFFICERS:

- | | |
|--|--|
| <i>President,</i> | SAMUEL D. GROSS, M.D., LL.D., D.C.L. OXON. |
| <i>Vice-Presidents,</i> | { W. S. W. RUSCHENBERGER, M.D., U. S. N.,
ALFRED STILLÉ, M.D. |
| <i>Recording Secretary,</i> | WILLIAM B. ATKINSON, M.D. |
| <i>American Corresponding Secretaries,</i> | { DANIEL G. BRINTON, M.D.,
WILLIAM GOODELL, M.D. |
| <i>Foreign Corresponding Secretaries,</i> | { RICHARD J. DUNGLISON, M.D.,
R. M. BERTOLET, M.D. |
| <i>Treasurer,</i> | CASPAR WISTER, M.D. |

Arrangements have been made for the holding of the CONGRESS in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress:—

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

WILLIAM GOODELL, 20th and Hamilton Sts.,
RICHARD J. DUNGLISON, 814 N. 10th Street,
R. M. BERTOLET, 113 S. Broad Street.

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be nine, viz.:—

1. MEDICINE, including PATHOLOGY, PATHOLOGICAL ANATOMY and THERAPEUTICS.
2. BIOLOGY, including ANATOMY, HISTOLOGY, PHYSIOLOGY and MICROSCOPY.
3. SURGERY.
4. DERMATOLOGY and SYPHILOLOGY.

5. OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

6. CHEMISTRY, TOXICOLOGY and MEDICAL JURISPRUDENCE.

7. SANITARY SCIENCE, including HYGIENE and MEDICAL STATISTICS.

8. OPHTHALMOLOGY and OTOTOLOGY.

9. MENTAL DISEASES.

IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest practicable date, in order that places may be assigned them on the programme.

In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships.

The Centennial Medical Commission, tender in advance to their brethren in all parts of the world a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1876.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. cor. of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries:

WILLIAM B. ATKINSON, 1400 Pine Street, Philadelphia, *Recording Secretary.*

DANIEL G. BRINTON, 2027 Arch Street, } *American Corresponding Secretaries.*

WILLIAM GOODELL, 20th and Hamilton Sts., }

RICHARD J. DUNGLISON, 814 N. 16th Street, } *Foreign Corresponding Secretaries.*

R. M. BERTOLET, 113 S. Broad Street, }

PHILADELPHIA, October, 1875.

INTERNATIONAL MEDICAL CONGRESS.

1876.

PHILADELPHIA, SEPTEMBER 4-9.

Delegates Registered up to Wednesday (Sept. 6), 3 P. M.

NAME.	RESIDENCE.
O. D. Abbott, M.D., Manchester, N. H.,	Hotel Aubrey.
William Adams, Esq., F.R.C.S., London, Eng.,	St. George Hotel.
C. R. Agnew, M.D., New York City,	1502 Locust St.
Harrison Allen, M.D., Philadelphia,	117 S. 20th St.
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William Anderson, M.D., Indiana, Penna.,	1227 Filbert St.
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Wm. B. Atkinson, M.D., Philadelphia,	1400 Pine St.
John L. Atlee, M.D., Lancaster, Pa.,	210 S. 13th St.
Washington L. Atlee, M.D., Philadelphia,	1408 Arch St.
H. P. Ayres, M.D., Fort Wayne, Ind.	
Francis Bacon, M.D., New Haven, Conn.,	506 S. Broad St.
Henry T. Bahnson, M.D., Salem, N. C.,	504 N. 4th St.
William H. Bailey, M.D., Albany, N. Y.,	1734 Master St.
Henry B. Baker, M.D., Lansing, Michigan,	340 N. 32d St.
A. S. Baldwin, M.D., Jacksonville, Florida,	Hotel Aubrey.
Fordyce Barker, M.D., N. Y. City.	1700 Walnut St.
John Barker, M.D., Dublin, Ireland,	Atlas Hotel.
Robert Barnes, M.D., F.R.C.P. London, Eng.,	1729 Chestnut St.
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Edwin W. Bartlett, M.D., Milwaukee, Wis.,	Park View Hotel.
J. K. Bartlett, M.D., Milwaukee, Wisconsin,	Continental Hotel.
J. M. Barton, M.D., Philadelphia,	201 S. 11th St.
Fletcher Beach, M. B., London, Eng.,	St. George Hotel.
F. W. Beard, M.D., Vincennes, Ind.,	108 N. 41st St.
C. E. Beardsley, M.D., Ottawa, Ohio,	St. Cloud Hotel.
R. M. Bertolet, M.D., Philadelphia,	113 S. Broad St.

NAME.	RESIDENCE.
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A. Blitz, M.D., Nashville, Tenn.,	2821 Girard Av.
F. Bogart, M.D., Sweetwater, Tenn.,	Atlas Hotel.
Robert Bolling, M.D., Chestnut Hill, Penn.	
Henry I. Bowditch, M.D., Boston, Mass.,	3900 Spruce St.
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A. L. Breysacher, M.D., Little Rock, Ark.,	Continental Hotel.
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Charles E. Briggs, M.D., St. Louis, Mo.,	1525 S. 6th St.
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D. Tilden Brown, M.D., New York City,	3509 Baring St.
James H. Brownfield, M.D., Fairmount, W. Va.,	2320 Fitzwater St.
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John T. Carpenter, M.D., Pottsville, Penna.,	3915 Woodland Av.
Joseph Carson, M.D., Philadelphia,	1120 Spruce St.

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Charles Denison, M.D., Denver, Colorado,	4103 Walnut St.
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Henry D. Didama, M.D., Syracuse, N. Y.,	3420 Sansom St.
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Greensville Dowell, M.D., Galveston, Texas,	1338 Spruce St.
Thomas M. Drysdale, M.D., Philadelphia,	1531 Arch St.
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Albert Fricke, M.D., Philadelphia,	235 N. 6th St.
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J. C. Hughes, M.D., Keokuk, Iowa,	317 S. 10th St.
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Josias A. Ireland, M.D., Louisville, Ky.,	617 N. 10th St.
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NAME.	RESIDENCE.
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Theophilus Parvin, M.D., Indianapolis, Ind.,	Girard House.
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Enoch Pearce, Jr., M.D., Steubenville, O.,	1436 N. 19th St.
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J. H. Pooley, M.D., Columbus, Ohio,	1337 N. Broad St.

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Alfred C. Post, M.D., New York City,	614 Race St.
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James E. Reeves, M.D., Wheeling, W. Va.,	408 S. Broad St.
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W. L. Richardson, M.D., Montrose, Pa.,	1626 Vine St.
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S. D. Risley, M.D., Philadelphia,	112 S. 17th St.
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James D. Robison, M.D., Wooster, Ohio,	1105 Girard St.
Thos. F. Rochester, M.D., Buffalo, N. Y.,	Globe Hotel.
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A. M. Rosebrugh, M.D., Toronto, Canada,	2113 Arch St.
J. W. Rosebrugh, M.D., Hamilton, Canada,	2113 Arch St.
James Ross, M.D., Toronto, Canada,	Continental Hotel.
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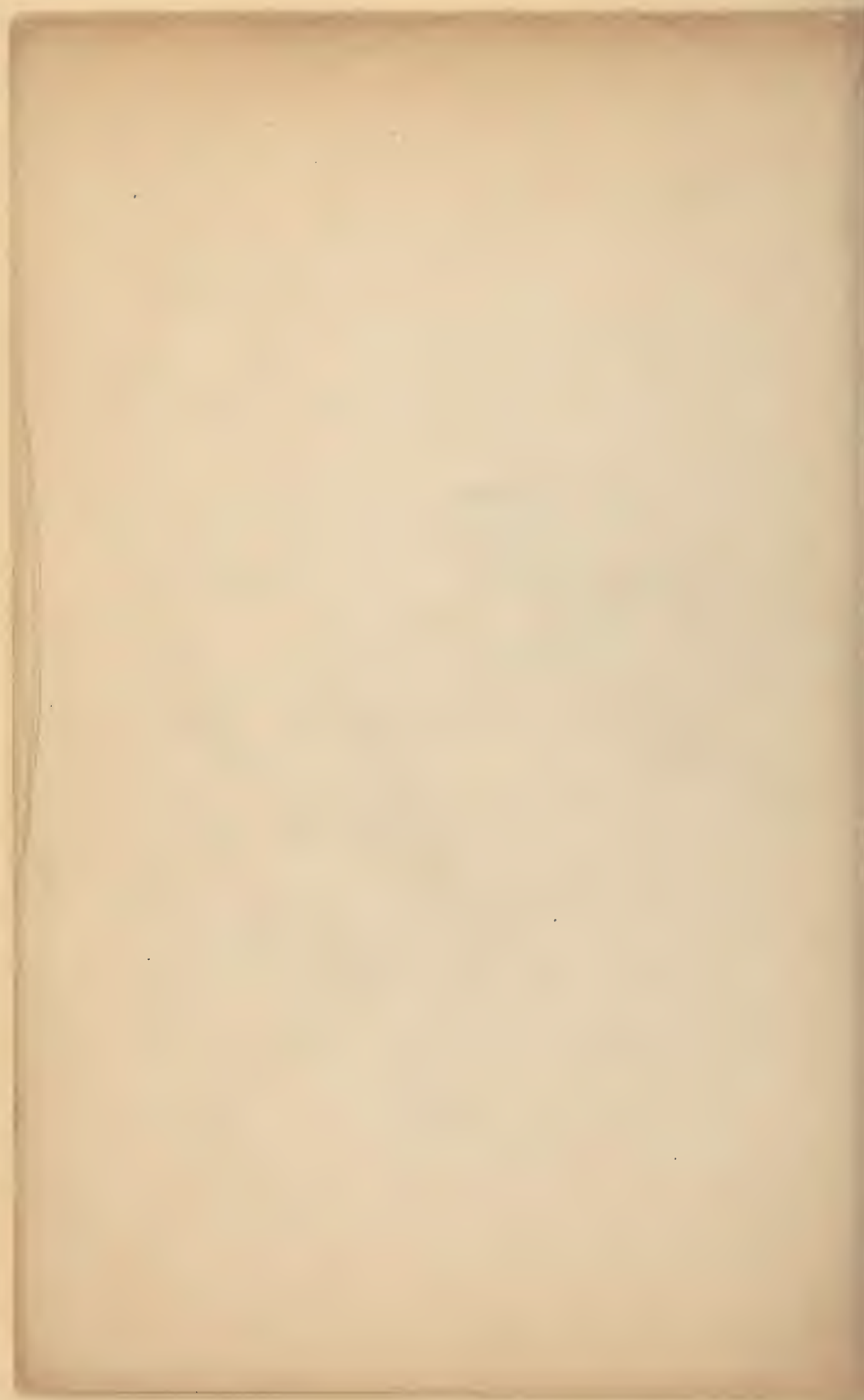
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CENTENNIAL MEDICAL COMMISSION.

PHILADELPHIA, June 1st, 1876.

MY DEAR SIR:

I am instructed by the Medical Commission of the International Medical Congress to beg you to furnish *without delay* the heads of your essay, or of your opening remarks, for publication. The object of this is to promote and facilitate discussion.

A very good model for such heads is that furnished for publication by Mr. Jonathan Hutchinson in advance of his opening the discussion on Syphilis before the Pathological Society of London, in February last, as follows:—

“After advertng briefly to the doctrines at present received as to the nature of syphilis, and also to certain important sources of error in the attempt to study its course, the following topics, amongst others, will be introduced for discussion: At what period in its course does syphilis cease to be a blood disease? The peculiarities of the inflammatory process when caused by syphilis; its tendency (1) to solid growth, and (2) to ulceration and phagedæna. The importance of a better knowledge of the internal pathology of the secondary stage, with a view to the better comprehension of the relationships which exist between the secondary and tertiary phenomena. (It will be suggested that visceral lesions, gummata, etc., are more common in the secondary stage than is supposed.) The remarkable differences which exist between acquired and inherited syphilis: *a.* The great rarity of disease affecting the nervous centres in inherited syphilis. *b.* The rarity of tertiary gummata in inherited syphilis. *c.* The frequency of symmetrical forms of disease in the tertiary stage of inherited syphilis. The absence of any real relationship between scrofula and syphilis; and the specificity of all the phenomena which belong to the latter, at whatever stage observed.”

I am further instructed to inform you that the discussion on your paper will be strictly oral, and that no written reply to it will be allowed.

Should the thirty minutes allotted to you for the reading of your paper prove too short, the time will be extended, but briefness is earnestly requested.

Yours, very respectfully,

WM. GOODELL, M.D.,
American Corresponding Secretary.

July 1960

July 1, 1960

July 1, 1960. A very hot day with a strong wind from the west. The temperature was 85° F. at 10:00 A.M. and 95° F. at 2:00 P.M. The wind was 15-20 mph.

July 2, 1960. A very hot day with a strong wind from the west. The temperature was 85° F. at 10:00 A.M. and 95° F. at 2:00 P.M. The wind was 15-20 mph.

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*W. Wood
1706 Chestnut*

INTERNATIONAL MEDICAL CONGRESS.

1876.

PHILADELPHIA, SEPTEMBER 4—9.

OUTLINES

OF

PAPERS PRESENTED BY THE REPORTERS ON

QUESTIONS ASSIGNED FOR DISCUSSION

IN THE SECTIONS.

PHILADELPHIA:
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1876.

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OUTLINES

OF

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ASSIGNED FOR DISCUSSION IN THE SECTIONS.

SECTION I. MEDICINE.

FIRST QUESTION.—Typho-Malarial Fever; Is it a Special Type of Fever? Reporter, J. J. Woodward, M.D., Assistant Surgeon U. S. Army.

Preliminary remarks on the mortality of armies from disease, with comments on the comparison recently drawn by Professor Virchow between the mortality of the United States armies during the late civil war and that of the German armies during the war with France.

Fatality of camp fevers during the American civil war. General belief among medical officers early in the war that these fevers represented a "new type of disease." History of the introduction of the term typho-malarial fever. The proposition submitted that whenever great armies campaign in malarial regions the prevalent fevers are hybrids, between malarial fevers and some form of typhus. Historical illustrations from (a) the siege of Naples, 1528; (b) the Hungarian campaigns, from 1526 to 1788; (c) the morbus mucosus of Roederer and Wagler; (d) the Walchern expedition of 1809; (e) Virchow's comments on the fevers of the German army in France.

Remarks on the distribution of malarial fevers and of typhoid fever in the United States, and on their relation to season of year. Substitution of malarial fevers in particular regions, or at particular times, by typhoid. Early recognition of hybrid forms by Drake. Recognition of similar hybrids by European authors as well as by Americans.

The typho-malarial fever of the civil war. This term never meant to represent a specific type of fever, but intended to designate all the many-faced brood of hybrid forms resulting from the combined influence of the causes of malarial fevers and of enteric fever. Sketch of symptoms and pathological anatomy. Two great groups of cases; those in which the malarial element predominates, and those in which the typhoid element predominates. The scorbutic taint as a complication of either group during the civil war.

Adoption of the author's views since the close of the war by systematic writers.

SECOND QUESTION.—Are Diphtheritic and Pseudo-Membranous Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M.D., Physician to the New York Infants' Hospital.

I. Croup a local malady; diphtheritic laryngitis the expression or manifestation of a general malady.

II. Anatomical characters; identical in kind as regards the state of the larynx, but differing in degree or intensity.

III. Clinical facts, which indicate their duality.

THIRD QUESTION.—Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

Numerous references in the writings of the ancients to mental and nervous maladies. The influence in ancient times of those conditions supposed to be most active in our day in the production of nervous maladies, viz., social excitements, political revolutions, sexual excesses, indulgence in wine.

The recognition of nervous maladies in the sixteenth century.

If in modern times an increase in nervous maladies had occurred, the result must be exhibited to a limited extent in an increased sickness and mortality rate. With the improvement in the general well-being wrought by our modern civilization, a manifest increase in longevity has occurred. With an improved hygiene, the sickness rates and the mortality from epidemics have diminished.

The supposed increase in the number of nervous diseases is more apparent than real.

The art of printing has greatly increased the diffusion of knowledge amongst men, and hence every medical fact has not only a more prominent record, but is more generally known.

In modern times, within this century especially, nervous diseases have been more accurately studied and better differentiated.

The growth of a higher humanitarian sentiment has led to a more abundant provision for the insane.

FOURTH QUESTION.—The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M.D., of Denver, Colorado.

I. The past history of the climatic treatment of phthisis.

(a) The climates of high altitudes will be considered by their important attributes, which will be contrasted with the same qualities in less elevated health resorts; in America the elevated inland plains and "backbone" of the continent, between elevations of four and ten thousand feet, being matched with sea-side and inland resorts, below the elevation of two thousand feet.

II. a. *Temperature*.—Too much importance has been placed upon *equable temperature*, equability often entailing excessive moisture and other conditions

comparatively unfavorable to the majority of consumptives. Cool dry climates are better than warm moist ones.

b. Relative Humidity.—The injustice of the advocates of low climates in not considering this point noted. Is the comparison of high and low altitudes by the relative humidity of each, temperature being accounted for, fair? How does altitude affect humidity both absolute and relative? Cause of low relative humidity on the eastern Rocky Mountain slope.

c. Diathermacy of the Air.—A rule, depending upon elevation, given. The conditions for the greatest benefit from the direct influence of the sun grow more favorable with increasing elevation.

d. Electric tension, Ozone, etc.—Their increase in high altitudes, peculiar effects, and great utility. How can we best utilize atmospheric electricity? Relation of this topic to temperature and humidity.

e. Altitude.—The subject analyzed. The utility of the changed mechanical conditions of respiration. Influence of lessened atmospheric pressure upon the circulation and animal economy.

III. To what extent does phthisis originate above the elevation of 5000 feet? Instances analyzed. Favorable conditions for preventing phthisis and lengthening the years of the naturally short lived.

IV. In the treatment of phthisis the utility of high altitudes rests with the *adaptability* of climate to the needs of special forms and complications of the disease. Comparison of experience elsewhere. Injurious effects of great elevations, precautions, etc.

V. Relation of typical cases, with analysis; inferences and conclusions.

VI. When and how to go to the Rocky Mountain slope; kind of life to lead; advantages in winter and summer compared. A partial recovery necessitates a permanent residence. The remedy of high altitude too long delayed in the majority of instances. Duty of physicians in this regard.

SECTION II. BIOLOGY.

FIRST QUESTION.—Microscopy of the Blood. Reporter, Christopher Johnston, M.D., Professor of Surgery in the University of Maryland.

I. Introduction.—The original source of blood in vertebrates.

II. Elements of blood in vertebrates.

III. The normal elements having *form* exclusively considered, as regarded from two points of view: *a*, that of anatomy and physiology; and *b*, that of medical jurisprudence.

IV. Genesis of corpuscles. .

V. Form of colored corpuscles; and *b*, their structure.

VI. Leucocytes.

VII. Size of colored corpuscles.

VIII. Their enumeration.

IX. The colored blood corpuscles in medical jurisprudence.

SECOND QUESTION.—The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

Is the liver, as far as the production of bile is concerned, an organ for secretion, for excretion, or has the bile functions both as a secretion and an excretion? The bile contains one substance, cholesterine, which is evidently separated from the blood by the liver and is not formed in the substance of the liver itself. The blood which goes to the liver contains more cholesterine than the blood which has circulated through this organ. It is evident that cholesterine is produced in certain of the tissues, particularly in the brain and nervous system. The blood gains cholesterine in its passage through the brain. In old cases of hemiplegia, there is no cholesterine in blood taken from the arm of the paralyzed side, while it exists in the blood from the sound side. In certain cases of structural disease of the liver, cholesterine accumulates in the blood and produces peculiar toxic effects. The same effects follow the injection of cholesterine into the blood of living animals. Cholesterine is an excrementitious substance; it bears the same relation to the liver that urea bears to the kidneys; it is discharged in the bile into the small intestine, is transformed during digestion into another substance (stercorine) and as stercorine exists in the feces. In addition to the excrementitious function of the bile, this fluid has another function, which latter is connected with digestion and is essential to life.

THIRD QUESTION.—Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M.D., Professor of Physiology in the University of the City of New York.

FOURTH QUESTION.—The Mechanism of Joints. Reporter, Harrison Allen, M.D., Professor of Comparative Anatomy in the University of Pennsylvania.

(I.) Starting with the idea that joints are of dynamic and static values, it will be shown that in most movable joints the ball and socket arrangement predominates. When the ball is supported by the socket, as at the occipito-atloid articulation, *rest* is suggested. But when the ball is suspended from the socket, as at the temporo-maxillary articulation, *motion* is suggested. Attempts will be made to illustrate the etiology of fracture and dislocation by reference to this method of study.

(II.) It will be premised that articular surfaces are of three kinds: *axial*, *actinic*, and *lateral*. The *axial* or primary surfaces are those situated upon proximal and distal ends of a bone in the line of its longitudinal axis. The *actinic* or secondary (rarely seen) are those placed in a line which is deflected from the longitudinal axis. The *lateral* or tertiary are those situated upon the sides of the shaft or body of a bone and serve for articulation with corresponding surfaces of other bones.

E. g. The outer femoral condyle is axial, since it is placed in the line of the longitudinal axis of the femur. The internal femoral condyle is *actinic*, since its

line intersects the long axis of the femur, from which it may be said to be deflected. The *lateral* facets of the metatarsal or tarsal bones serve to illustrate the lateral kind.

(III.) Axial surfaces, it is believed, are static; actinic surfaces are dynamic; while lateral surfaces have subordinate degrees of value—some of them being adventitious. The outer femoral condyle is active in extension = static; the inner femoral condyle is active in flexion = dynamic; but the lateral facets have no independent action.

(IV.) Joints are fixed or locked at extremes of flexion and extension, and are most relaxed at the intervals between these extremes. An application of these premises will be made to the etiology of dislocation.

(V.) It will be assumed that when a facet is actively employed it enters into a combination with which the entire limb is in harmony. Hence in the study of any one facet its relations to all others of its kind, as well as to the bones, muscles, and fasciæ of its limb, become essentials.

(VI.) It will be shown in conclusion that a correct knowledge of the symptomatology and treatment of diseases of the joints is dependent upon a true conception of the complex nature of articular surfaces.

SECTION III. SURGERY.

FIRST QUESTION.—Antiseptic Surgery. Reporter, John T. Hodgen, M.D., Professor of Surgical Anatomy and of Clinical Surgery in the St. Louis Medical College.

I. Putrefaction may and does occur in the solids and liquids of the body both with and without the direct contact of germs borne in the air or water.

II. Putrefaction of the solids and liquids of an open wound may in many cases be prevented if the contact of living germs with the surface is not permitted, or by destroying their vitality after contact with it.

III. It is possible that the living solids and liquids of the body may be so altered that they shall not furnish the conditions necessary to putrefaction.

IV. Practically the conditions to be met in preventing putrefaction are so difficult that in many cases it is impossible to comply with them. Yet, even partial success is eminently worthy of our best efforts.

SECOND QUESTION.—Medical and Surgical Treatment of Aneurism. Reporter, William H Van Buren, M.D., Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

After a glance at the causes of aneurism and the sources of information at the command of the reporter, he will rapidly enumerate the several modes of treatment at present in use, and endeavour to estimate the remedial value and especial applicability of each, aiming to furnish an answer to the following question:—

In a given case of aneurism what method or methods, in the present state of our knowledge, promise the most safe and most certain cure?

Incidentally the following mooted questions will be touched upon, viz.: (a) why the blood coagulates so much more promptly in some cases of aneurism than in others where conditions are apparently alike; (b) the value of antiseptic treatment in securing quick union of the wound after applying a carbolized catgut ligature for the cure of aneurism after the Hunterian method; (c) the propriety of employing the carbolized catgut ligature upon a large artery; (d) the value of the "constricting" ligature of silver wire; (e) the comparative value of rapid and slow pressure; (f) the value of galvano-puncture—of coagulating injections, etc. etc.

THIRD QUESTION.—Treatment of Coxalgia. Reporter, Lewis A. Sayre, M.D., Professor of Orthopædic Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

1st. Describe Coxalgia, and divide the disease into three different stages, giving the symptoms in each stage, so that they can be accurately diagnosed.

2d. The pathological changes in the joint in the three different stages of the disease.

3d. The etiology or causation of the disease—

- (a) That the disease may occur in *any* person from a sufficient exciting cause, and that it is not of necessity of scrofulous origin.
- (b) That, instead of being a constitutional disease, arising without any exciting cause except the general taint of the system, proof will be offered that it is *traumatic* in its origin almost always if not always.

4th. The treatment in the different stages—

- (a) Proper treatment in the majority of cases will result in recovery with good or perfect motion and without deformity.
- (b) If proper treatment has been neglected until the bone has become carious, *excision* is *justifiable* and far preferable to the slow exfoliations of nature, giving much better results as to the usefulness of the limb, and infinitely better as to deformity of the body and *motion* of the joint.

FOURTH QUESTION.—The Causes and Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M.D., of Mobile, Alabama.

In treating this subject, a brief notice will be made of the varieties and constituents of calculous concretions, tracing the formation and *probable* causes of gravel in the kidney, and afterwards of stone in the bladder:—

(a) I shall consider hereditary influences governing diathesis, with the effect of habit and mode of life upon the formation of these deposits.

(b) Reference will be made to climate, food, water, and the default of exercise, as bearing upon healthy digestion and assimilation.

(c) The influence of age, sex, race, and occupation will be considered, and notice taken of moral and physical emotions; also the mechanical and traumatic causes of these affections.

(d) The agency of the colloids in the formation of calculi will be examined.

(e) A review of the manner of formation of gravel in the kidney, its passage through the ureter, and lodgment in the bladder; and an outline of the geographical sections in which calculous diseases are found to abound, with a summary of their probable causes, will complete the paper.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

FIRST QUESTION.—Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Reporter, James C. White, M.D., Professor of Dermatology in Harvard University.

SECOND QUESTION.—Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M.D., of New York.

I. Nature of the eruption in constitutional disorders affecting the skin, as in the contagious fevers, syphilis, etc.

II. Nature of local diseases.

III. Microscopic anatomy of eczema and psoriasis.

IV. Clinical history of eczema and psoriasis: *a*, age; *b*, sex; *c*, location; *d*, relapses; *e*, hereditary transmission; *f*, gouty and rheumatic symptoms; *g*, urinary disturbances; *h*, bronchitis, etc.

V. Clinical history of local diseases, epithelioma, verruca, parasitic and mechanical diseases of the skin, etc.

VI. Effect of local treatment.

VII. Effect of constitutional treatment.

THIRD QUESTION.—The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J. Bumstead, M.D., late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York.

Three views as to the origin of Venereal Sores have been entertained:—

1st. All Venereal Sores are due to a single, specific virus, the virus of syphilis.

2d. Some Venereal Sores are due to the syphilitic virus, and others to a distinct virus, known as the *chancroidal*.

3d. Some Venereal Sores are due to the syphilitic virus, and others to the inoculation of the products of simple inflammation, in which latter case no specific virus exists.

The evidence for and against each of these suppositions, drawn from clinical experience and artificial inoculation.

FOURTH QUESTION.—The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. L. Keyes, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

I. Does a mild beginning in syphilis necessarily indicate that the malady will run a mild course so that the duration of treatment may be regulated thereby?

II. Is the internal use of mercury debilitating?

III. When is mercury useful in syphilis? Has it any control over the late symptoms?

IV. When is iodine useful in syphilis? Can it replace mercury in any stage of the disease?

V. Does iodine act by liberating mercury lying latent in the tissues?

VI. Should treatment be continuous or interrupted?

VII. General outline of a course of internal treatment.

VIII. Conclusions, negative and positive.



SECTION V. OBSTETRICS.

FIRST QUESTION.—The Causes and the Treatment of Non-Puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College.

I. A sequential classification approached by showing

(a) That the uterus is prone to hemorrhage, because of the conditions connected with menstruation.

(b) That the causes of metrorrhagia act by aggravating these conditions.

(c) That these causes sometimes have their origin in the nervous system and sometimes in the vascular.

(d) That of the latter causes some operate by increasing the flow of blood through the uterine vessels, while others effect the same results by retarding the current of blood in them.

II. The treatment consists

(a) In removing the causes, and

(b) In surgical, mechanical, and medicinal means to check the flow in great emergencies.

SECOND QUESTION.—The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, A.M., M.D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

After defining a narrow pelvis, and describing the more common kinds of pelvic deformity, the following topics, regarding alone the mechanism of labor, will be introduced for discussion:—

I. How does the head enter and pass the brim in the flat pelvis; and how in the generally contracted pelvis? The commonly accepted doctrine of the initial flexion of the head will here be contested.

II. How does the after-coming head behave in the flat pelvis; and how in the generally contracted pelvis?

III. What effect has instrumental interference on the mechanism of labor in such pelves?

IV. Has turning any mechanical advantages over the use of the forceps?

V. General conclusions deduced from a consideration of the above questions.

THIRD QUESTION.—The Treatment of Fibroid Tumours of the Uterus.

Reporter, Washington L. Atlee, M.D., of Philadelphia.

The subject will be treated mainly from the standpoint of personal experience.

Two principal divisions of the subject are:—

I. Tumors usually accompanied with hemorrhage, embracing (a), fibroids occupying the vaginal canal; (b), fibroids within the cavity of the uterus; (c), interstitial submucous fibroids; (d), interstitial fibroids proper; (e), recurrent fibroids.

II. Tumors usually not accompanied with hemorrhage, including (a), interstitial subperitoneal fibroids; (b), sessile peritoneal fibroids; (c), pedunculated peritoneal fibroid; (d), interstitial cervical fibroid; (e), myomatous degeneration of the uterus; (f), fibro-cysts of the uterus.

The best mode of treatment both surgical and medicinal—the removal of tumors *per vias naturales*—and by abdominal section—the propriety of extirpating a fibroid uterus by either of these methods—a consideration of the several agents which are supposed to control the growth of fibroid tumors.

FOURTH QUESTION.—The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

Puerperal fever a generic term.

Varieties.—Distinction between non-infectious and infectious forms.

(a) The non-infectious form the result of—

Traumatic injuries.

Old peritoneal adhesions.

Disregard of hygienic precautions.

Mental influences.

(b) The infectious form a septic disease—

Local lesions the usual though not the necessary point through which the poison enters the system.

Relations of bacteria to puerperal fever.

The influence of erysipelas, scarlatina, diphtheria, etc., upon the puerperal state.

Atmospheric influences.

Causes.—Deductions drawn from—

Civil Statistics.

Hospital Statistics.

Private Practice.

Prevention.—Rules based upon our knowledge of causes.

Practical Results.

SECTION VI. OPHTHALMOLOGY.

FIRST QUESTION.—The Comparative Value of Caustics and Astringents in the Treatment of Diseases of the Conjunctiva, and the best mode of applying them. Reporter, Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University.

I. Affections of the conjunctiva in which neither caustics nor astringents are indicated;

II. The various forms of conjunctivitis, and the extent in which caustics or astringents may be usefully applied;

III. The modes of applying these remedies to best advantage;

IV. Complications—in which the conjunctivitis is the result of other morbid processes—or in which the existing morbid conditions are the consequence of previous conjunctivitis, with the treatment of such complications.

SECOND QUESTION.—Tumors of the Optic Nerve. Reporter, Hermann Knapp, M.D., of New York.

THIRD QUESTION.—Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati, Ohio.

FOURTH QUESTION.—Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M.D., of New York.

I. The hereditary predisposition of myopia.

(a) How far the law of direct transmission is influenced by the secondary law of heredity, which expresses itself in the tendency to revert to the normal standard.

(b) How far this tendency is influenced by intermarriage of different races, change of occupation, food, and manner of living.

These topics will be illustrated by a brief comparison of the statistics of foreign countries with those taken in America.

II. The development of the normal eye, and its relation to the conus and posterior staphyloma.

(a) Is the conus an anatomical and congenital defect inherent in myopic eyes, and such that become myopic through hereditary tendency? or

(b) Is it simply the expression of a distension of the investing membranes which may occur in any eye from various causes?

III. The action of the ciliary muscle as a cause of myopia.

(a) The anatomy of the part and its relation to myopia.

(b) Can the continued contraction of the ciliary muscle produce myopia, either primarily through a permanent increased curvature of the lens, or secondarily through tension and irritation of the deeper seated membranes?

(c) A short consideration of the statistics published by various authorities in regard to spasm of the muscle.

(d) An inquiry whether negative accommodation, even in connection with faulty refraction, can ever produce myopia and posterior staphyloma.

SECTION VII. OTOTOLOGY.

FIRST QUESTION.—Importance of Treatment of Aural Diseases in their Early Stages, especially when arising from the Exanthemata.
Reporter, Albert H. Buck, M.D., of New York.

I. Remarks will be based exclusively on affections of the middle ear associated with the formation of pus.

II. Chronic purulent inflammation of the middle ear is a common affection among the individuals of a community.

III. The serious nature of this form of disease, oftentimes impairing the hearing very markedly, and occasionally terminating in death.

IV. The anatomical relations of the middle ear afford an explanation of the serious results that may follow an acute inflammation of these parts.

V. The impotent nature of the means commonly employed for the relief of such an inflammation.

VI. The great value of paracentesis of the membrana tympani as a preventive of chronic purulent inflammation of the middle ear, and all its serious consequences.

VII. The general practitioner urged to acquaint himself with the use of the speculum and mirror, as means of ascertaining accurately the condition of the ear.

SECOND QUESTION.—What is the Best Means of Testing the Hearing?
By CHARLES H. BURNETT, A.M., M.D., Aural Surgeon to the Presbyterian Hospital in Philadelphia.

I. Consideration of the character of the three principal tests (the watch, the tuning-fork, and speech) in use among aurists. The manner in which these tests are heard by the normal ear, and wherein the diseased ear fails to hear them.

(a) The *watch*, once classed among unmusical sounds or noises; lately classed among musical tones. Its value, applicability, etc.

In using the watch as a test it is important to bear in mind the intensity as

well as the position of its note in the musical scale. Its limited applicability; The stop-watch most useful; conclusions respecting the watch as a test for hearing.

(b) The *tuning-fork*. Its note heard by the normal ear better through the air than through the bones of the head. When conveyed to the ear through the air the tones of the tuning-fork are tests of the capability of the sound-conducting, as well as for the sound-perceiving apparatus. The notes of the tuning-fork may be conveyed through the bones of the head; *bone conduction*. Phenomena consequent upon placing a vibrating tuning-fork on the parietal protuberances of one having normal hearing—Blake's Koenig's Rods. Aerial and bone conduction of the vibrations of a tuning fork in diseases of the ear. The tuning-fork used chiefly in the latter way.

Conclusions respecting the tuning-fork as a test.

(c) *Speech*; what it consists of acoustically. Its great range in comparison to either of the other tests mentioned. The vowels the most powerful and musical of all its notes. Their classification. The consonants also admitted to the rank of periodic, and hence musical sounds. Whisper and louder speech as tests. The failure on the part of the diseased ear to hear all or part of these tests of speech.

II. Deficiencies and discrepancies in the hearing power of the diseased ear. In some cases the power to hear certain sounds in the musical scale drops out, while the power to hear others remains comparatively good.

Can disease be diagnosed by the manner in which an ear hears certain tests? If so, what will give most aid in such a search? Most probably the voice.

III. *Manner of Testing*.—(a) The importance of isolation of the better ear, during the test, in one-sided deafness. In any case, important to know how much is heard through the air, and how much is conveyed through the bones of the head. Want of precision in this has led to great errors in diagnosis and prognosis, in cases in which the nerve is good, but in which the sound-conducting apparatus, chiefly the middle ear, has been greatly diseased.

(b) Consideration of what is needed for any form of test. An arbitrary sound unit may be established. Its usefulness and its objections. An apparatus might be made to give out a set of notes of fixed value. The usefulness of such an apparatus as well as its disadvantages. How well the demands of any test are met by watch, tuning-fork, and *human voice*. Conclusions favourable to the latter drawn from preceding remarks.

THIRD QUESTION.—In what Percentage of Cases do Artificial Drum-Membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

I. After reviewing the history of the artificial drum-membrane, there are considered (a) the condition of the ear admitting of its use, (b) contra-indicating conditions.

II. The forms of artificial drum-membranes (under which head a preference will be stated for Yearsley's cotton-wool).

III. The offices performed functional and therapeutical.

IV. When the conditions are the most favorable it will be claimed that the cases are the fewest in number where the artificial drum-membrane will be worn, whether the reasons be objective or subjective.

FOURTH QUESTION.—What is the best Mode of Determining the Hearing of School Children, and how should Partially Deaf Children be instructed—in Mixed Classes with those who hear well, or in Separate Classes where due allowance will be made for their defective hearing? Reporter, Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

I. The methods of testing the hearing, preference being given to (*a*) test with the human voice as proposed by Oskar Wolf, for classes of consonant sounds at varying distances; (*b*) tests with the watch and musical tones. In cases of defective hearing detected in school children, an examination of the condition of the ear will be advised with reference to progress in defect of hearing and classification accordingly.

II. Classification according to degree of defect in hearing, in accordance with which it will be advisable either to place the child in an ordinary school or in a special class. This heading will necessarily include a consideration of the diseases which most commonly cause deafness in children.

III. Consideration of that class requiring special instruction, for which preference will be given to the system of visible speech or lip reading in contrast to the sign language.

Under the first heading will be given a form for tabulation of examination of the ears in school children.

Under the second heading will be considered the facilities at present afforded in common schools for the instruction of partially deaf children.

Under the third heading an illustration of the method of instruction by visible speech.

SECTION VIII. SANITARY SCIENCE.

FIRST QUESTION.—Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago, Ill.

SECOND QUESTION.—Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopædic Surgery in the University of the City of New York.

THIRD QUESTION.—The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever. Reporter, John M. Woodworth, M.D., Supervising Surgeon-General United States Marine Hospital Service.

After reviewing briefly the practice of quarantine in the past, and as at present administered, the mode of propagation of cholera and yellow fever will be discussed with the view of arriving, as near as possible, at what precautions are necessary and what restrictions superfluous in the administration of quarantine,

which will lead to the principal question—the practice and methods which should be pursued to secure the greatest protection to the public health against cholera and yellow fever with the least restriction upon commerce:—

- (a) In this connection will be considered the want of prompt information to threatened ports of the shipment of passengers or goods from infected districts;
- (b) The question of time as an element in quarantine;
- (c) The value and practice of disinfection;
- (d) The importance of municipal sanitary coöperation; and
- (e) What may be gained by imparting to masters of vessels correct views of sanitary measures to be enforced by them in outbreaks of cholera or yellow fever on shipboard, etc.

FOURTH QUESTION.—The Present Condition of the Evidence concerning “Disease-germs.” Reporter, Thomas E. Satterthwaite, M.D., of New York.

The (1) Vegetable Germ Theory in contradistinction from other prominent theories, especially (2) the Bioplasm Theory, and (3) the Physico-Chemical Theory.

Especial attention will be directed towards the following general topics: (a) The agency of minute organized particles of a vegetable nature in the production of fermentation and putrefaction; (b) the epidemic diseases of certain plants and animals in their relation to minute vegetable organisms; (c) rapid multiplication of bacteria *pari passu* with the rapid spread of disease manifestations throughout the system; (d) the constant ratio between the most active changes in the so-called septic diseases, such as pyæmia, erysipelas, and puerperal fever, with the numerical increase in bacteria at the points involved; (e) can any strictly chemical substance be a fever producer? (f) bacteria and disease poisons: their capacity for successfully maintaining active properties; (g) inoculation of bacteria in healthy tissues.

The following special topics will then be considered:—

I. Bacteria: (a) their classification; (b) diagnosis; (c) appearances under varying conditions.

II. The poisonous fluids of infective diseases, as regards their physical properties and the solid particles contained in them.

III. The value of vacuum tube experiments.

IV. How far are either the Bioplasm or the Physico-Chemical Theories competent to explain the spread of infective diseases?

V. The poisons of special diseases, such as cholera, smallpox, the carbuncular diseases of men and animals, typhus and relapsing fevers and diphtheria, in their relations to minute organisms.

SECTION IX. MENTAL DISEASES.

FIRST QUESTION.—The Microscopical Study of the Brain. Reporter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

A brief statement will be made outlining the progress made by recent investigators in studying the pathological histology of the brain in insanity, and the following subjects will be introduced.

(a) The importance of microscopic observations of the several cerebral membranes, to determine their pathological condition, and the relations that the various pathological states hold to the forms of mental aberration.

(b) The abnormalities in arterioles and capillaries, including the various deposits on the walls of the vessels; engorgement and its consequences; the several changes observed in the coats of the vessels; occlusion from minute thrombi; and embolism; alterations in the course of the vessels, and the effect these conditions have upon the surrounding brain tissue.

(c) Miliary aneurisms and miliary hemorrhages; the effect they have in the production of brain disease.

(d) The peri-vascular sheath, and peri-vascular canal, as they are found in cases of insanity, will be considered in their relations to adjacent brain tissue.

(e) The various alterations of structure and form noted in nerve cells and nerve fibres, in the several forms of insanity.

(f) The abnormalities in the neuroglia, and the conditions called "miliary sclerosis," and "colloid degenerations," will be described, and the influence each condition has in impairing normal cerebral action will be discussed.

(g) The various pathological conditions found in the microscopic examination of the brain in a number of cases of insanity, will be illustrated by means of photo-micrographs, made from fresh and prepared specimens. The pathological states observed will be considered with reference to the mental symptoms noticed during the course of the various forms of insanity.

SECOND QUESTION.—Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M.D., of Philadelphia.

Still great differences of opinion among physicians, lawyers, and men of the world, on the question how far insanity shall be admitted as an excuse for crime. Lord Hale's doctrine that partial insanity—that in which the patient is reasonable and correct on many subjects—does not necessarily exempt one from the penal consequences of crime, still shapes the decisions of English and American courts. Tests for determining what kind of partial insanity does and what does not excuse for crime are diverse, unsatisfactory, and none supported by correct scientific knowledge of insanity. Delusion has been decided to be a sufficient excuse only when the criminal act committed under its influence would have been legally justified had the delusion been true. Notwithstanding many of the insane think and act correctly to some extent, yet it is impossible to say with any near approach to certainty in any given case where sanity ends and insanity begins.

Two mistakes are made by lawyers in estimating the responsibility of the insane, viz., they define the scope of the influence of the mental disorder in an arbitrary manner, unsupported by the facts of psychological science, and they regard the affective faculties as without any part in the play of disease. The latter mistake pervades the theories of the law and the judgments of those who pretend to no law. The moral like the intellectual faculties are dependent for their exercise on the brain—the larger part of the brain, probably, being devoted to this purpose. Consequently, disease of the brain must necessarily affect the manifestations of these faculties. Whether the one or the other class, or both, is affected will depend on the part of the brain diseased. Sanity supposes the integrity of all the faculties, moral as well as intellectual. If this integrity is destroyed, insanity is the result wherever the lesion may be. Whatever faculties may be affected or not affected, apparently, responsibility is presumably impaired. It is for the party alleging the contrary to prove it. Punishment of persons admitted to be insane, for criminal acts, has been advocated for the sake of the example. No good effect can be shown by a single case in point. Patients in our hospitals are never punished; they may be deprived of a favor or privilege which they have shown themselves incapable of using properly.

Wrong as our present mode of procedure is, no change for the better seems very practicable, unless it may be that which takes the question of insanity entirely from the court and gives it to the jury as one exclusively of fact.

THIRD QUESTION.—Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis, Mo.

The feigning of insanity by the sane has been long recognized as a practical fact. The possibility of similar efforts on the part of men really insane has been ignored or forgotten. The fact that the proof of simulation possesses no real practical value, in the case of a person already adjudged to be insane, is, probably, one cause of the rareness of recorded cases.

Advanced general dementia is incompatible with simulation. Acute and general mania is also incapable of coexistence with feigning. In recovery from the latter condition, circumstances might easily give rise to simulation of a state recently passed through. Experience and observation might certainly help to an excellent imitation of a state so lately endured.

Simulation requires and implies some degree of rationality, and usually some motive. This is by no means incompatible with insanity. In the remissions of periodic mania, in certain cases of chronic general mania and certain forms of hysterical mania, and especially in affective or moral insanity without distinct intellectual impairment, simulation is perfectly possible and practicable. The existence of susceptibility to ordinary motives is recognized in the management of every insane asylum.

Striking instances of success in the simulated abandonment of delusions, so common in alienistic literature, suggest an equal facility at invention or pretence.

The criminal classes of our great cities are born and trained to deception. Simulation might very naturally be added to constitutional infirmity. Such cases probably occur oftener than is supposed. Many famous and historic cases might be most correctly characterized as compounds of simulation with actual disease.

Rarely does insanity affect all the faculties alike. Among the rational acts done by the insane man simulation may happen to occur. Especially probable is it that a man recovering from mania might imitate the crazy acts recently prompted by disease if adequate motive existed.

Simulation is peculiarly practicable in those forms of insanity which involve the affective faculties, leaving the intellect comparatively untouched.

The question of responsibility in cases where simulation is mingled with actual disease is a very difficult one. The ancient legal test, "knowledge of right and wrong," is here wholly inadequate.

The motive for simulation in the insane of hysterical tendencies is often the craving for sympathy and attention. Occasionally, however, it seems to be wholly motiveless—a mere freak of disease.

We should beware of inferring because of detected simulation, the non-existence of disease.

FOURTH QUESTION.—The Best Provision for the Chronic Insane.
Reporter, C. H. Nichols, M.D., Physician and Superintendent of
the Government Hospital for the Insane, Washington, D. C.



INTERNATIONAL MEDICAL CONGRESS.

PHILADELPHIA, 1876.

SEPTEMBER 4TH-9TH.

The International Medical Congress will be formally opened at noon, on Monday, the 4th day of September, 1876, in the University of Pennsylvania.

The following addresses will be delivered before the Congress in general meeting :—

ADDRESS ON MEDICINE, by Austin Flint, M.D., Professor of Practice of Medicine in Bellevue Hospital Medical College, New York.

ADDRESS ON HYGIENE AND PREVENTIVE MEDICINE, by Henry I. Bowditch, M.D., President of State Board of Health of Massachusetts.

ADDRESS ON SURGERY, by Paul F. Eve, M.D., Professor of Operative and Clinical Surgery in the University of Nashville.

ADDRESS ON OBSTETRICS, by Theophilus Parvin, M.D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

ADDRESS ON MEDICAL CHEMISTRY AND TOXICOLOGY, by Theodore G. Wormley, M.D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

ADDRESS ON MEDICAL BIOGRAPHY, by J. M. Toner, M.D., of Washington, D. C.

ADDRESS, by Dr. Hermann Lebert, Professor of Clinical Medicine in the University of Breslau.

ADDRESS ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS, by Nathan S. Davis, M.D., Professor of Principles and Practice of Medicine in Chicago Medical College.

ADDRESS ON MEDICAL LITERATURE, by Lunsford P. Yandell, M.D., late Professor of Physiology in the University of Louisville.

ADDRESS ON MENTAL HYGIENE, by John P. Gray, M.D., Superintendent and Physician to the New York State Lunatic Asylum, Utica, New York.

ADDRESS ON MEDICAL JURISPRUDENCE, by Stanford E. Chaillé, M.D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

Discussions on scientific subjects will be opened in the Sections as follows:—

SECTION I. MEDICINE.

1st Question. Typho-malarial Fever; is it a Special Type of Fever? Reporter, J. J. Woodward, M.D., Assistant Surgeon U. S. Army.

2d Question. Are Diphtheritic and Pseudo-membranous Croup Identical or Distinct Affections? Reporter, J. Lewis Smith, M.D., Physician to the New York Infants' Hospital.

3d Question. Do the Conditions of Modern Life favor specially the Development of Nervous Diseases? Reporter, Roberts Bartholow, M.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio.

4th Question. The Influence of High Altitudes on the Progress of Phthisis. Reporter, Charles Denison, M.D., of Denver, Colorado.

SECTION II. BIOLOGY.

1st Question. Microscopy of the Blood. Reporter, Christopher Johnston, M.D., Professor of Surgery in the University of Maryland.

2d Question. The Excretory Function of the Liver. Reporter, Austin Flint, Jr., M.D., Professor of Physiology in the Bellevue Hospital Medical College, New York.

3d Question. Pathological Histology of Cancer. Reporter, J. W. S. Arnold, M.D., Professor of Physiology in the University of the City of New York.

4th Question. The Mechanism of Joints. Reporter, Harrison Allen, M.D., Professor of Comparative Anatomy in the University of Pennsylvania.

SECTION III. SURGERY.

1st Question. Antiseptic Surgery. Reporter, John T. Hodgen, M.D., Professor of Surgical Anatomy and of Clinical Surgery in the St. Louis Medical College.

2d Question. Medical and Surgical Treatment of Aneurism. Reporter, William H. Van Buren, M.D., Professor of the Principles and Practice of Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

3d Question. Treatment of Coxalgia. Reporter, Lewis A. Sayre, M.D., Professor of Orthopædic Surgery and of Clinical Surgery in the Bellevue Hospital Medical College, New York.

4th Question. The Causes and the Geographical Distribution of Calculous Diseases. Reporter, Claudius H. Mastin, M.D., of Mobile, Alabama.

SECTION IV. DERMATOLOGY AND SYPHILOLOGY.

1st Question. Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization. Reporter, James C. White, M.D., Professor of Dermatology in Harvard University.

2d Question. Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders? Reporter, Lucius Duncan Bulkley, M.D., of New York.

3d Question. The Virus of Venereal Sores; its Unity or Duality. Reporter, Freeman J.

Bumstead, M.D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York.

4th Question. The Treatment of Syphilis with Special Reference to the Constitutional Remedies appropriate to its various Stages; the Duration of their Use, and the Question of their Continuous or Intermittent Employment. Reporter, E. L. Keyes, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

SECTION V. OBSTETRICS.

1st Question. The Causes and the Treatment of Non-puerperal Hemorrhages of the Womb. Reporter, William H. Byford, M.D., Professor of Obstetrics and Diseases of Women and Children in the Chicago Medical College.

2d Question. The Mechanism of Natural and of Artificial Labor in Narrow Pelves. Reporter, William Goodell, M.D., Clinical Professor of Diseases of Women and of Children in the University of Pennsylvania.

3d Question. The Treatment of Fibroid Tumors of the Uterus. Reporter, Washington L. Atlee, M.D., of Philadelphia.

4th Question. The Nature, Causes, and Prevention of Puerperal Fever. Reporter, William T. Lusk, M.D., Professor of Obstetrics and Diseases of Women and Children in Bellevue Hospital Medical College, New York.

SECTION VI. OPHTHALMOLOGY.

1st Question. The Comparative Value of Cautics and of Astringents in the Treatment of Diseases of the Conjunctiva, and the Best Mode of Applying them. Reporter, Henry W. Williams, M.D., Professor of Ophthalmology in Harvard University.

2d Question. Tumors of the Optic Nerve. Reporter, Hermann Knapp, M.D., of New York.

3d Question. Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment. Reporter, E. Williams, M.D., Professor of Ophthalmology in Miami Medical College of Cincinnati.

4th Question. Are Progressive Myopia and Posterior Staphyloma due to Hereditary Predisposition, or can they be induced by Defects of Refraction, acting through the Influence of the Ciliary Muscle? Reporter, E. G. Loring, M.D., of New York.

SECTION VII. OTOTOLOGY.

1st Question. Importance of Treatment of Aural Diseases in their early Stages, especially when arising from the Exanthemata. Reporter, Albert H. Buck, M.D., of New York.

2d Question. What is the Best Mode of Uniform Measurement of Hearing? Reporter,

Clarence J. Blake, M.D., Instructor in Otology in Harvard University.

3d Question. In what Percentage of Cases do Artificial Drum-membranes prove of Practical Advantage? Reporter, H. N. Spencer, M.D., of St. Louis.

SECTION VIII. SANITARY SCIENCE.

1st Question. Disposal and Utilization of Sewage and Refuse. Reporter, John H. Rauch, M.D., late Sanitary Superintendent of Chicago, Ill.

2d Question. Hospital Construction and Ventilation. Reporter, Stephen Smith, M.D., Professor of Orthopaedic Surgery in the University of the City of New York.

3d Question. The General Subject of Quarantine with Particular Reference to Cholera and Yellow Fever. Reporter, J. M. Woodworth, M.D., Supervising Surgeon-General U. S. Marine Hospital Service.

4th Question. The Present Condition of the Evidence concerning "Disease-germs." Reporter, Thomas E. Satterthwaite, M.D., of New York.

SECTION IX. MENTAL DISEASES.

1st Question. The Microscopical Study of the Brain. Reporter, Walter H. Kempster, M.D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

2d Question. Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M.D., of Philadelphia.

3d Question. Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M.D., of St. Louis, Mo.

4th Question. The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M.D., Physician and Superintendent of the Government Hospital for the Insane, Washington, D. C.

Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the Commission before the first of August, in order that places may be assigned them on the programme.

In order to facilitate debate there will be published on or about June 1st the outlines of the opening remarks by the several reporters. Copies may be obtained on application to the Corresponding Secretaries.

The volume of Transactions will be published as soon as practicable after the adjournment of the Congress.

The Public Dinner of the Congress will be given on Thursday, September 7th, at 6.30 P. M.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

The registration fee (which will not be required from foreign members) has been fixed at Ten Dollars, and will entitle the member to a copy of the Transactions of the Congress.

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. cor. of Locust and Thirteenth Sts., Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation, at reasonable rates, for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

All communications must be addressed to the appropriate Secretaries at Philadelphia.

The foregoing programme is published by the authority of the Committee of Arrangements of the Centennial Medical Commission.

S. D. GROSS, M.D.,

President.

WILLIAM B. ATKINSON, M.D., 1400 Pine Street, *Recording Secretary.*

WILLIAM GOODELL, M.D., 20th and Hamilton Sts., } *American Corresponding Secretaries.*

DANIEL G. BRINTON, M.D., 115 S. 7th Street,

RICHARD J. DUNGLISON, M.D., 814 N. 16th Street, } *Foreign Corresponding Secretaries.*

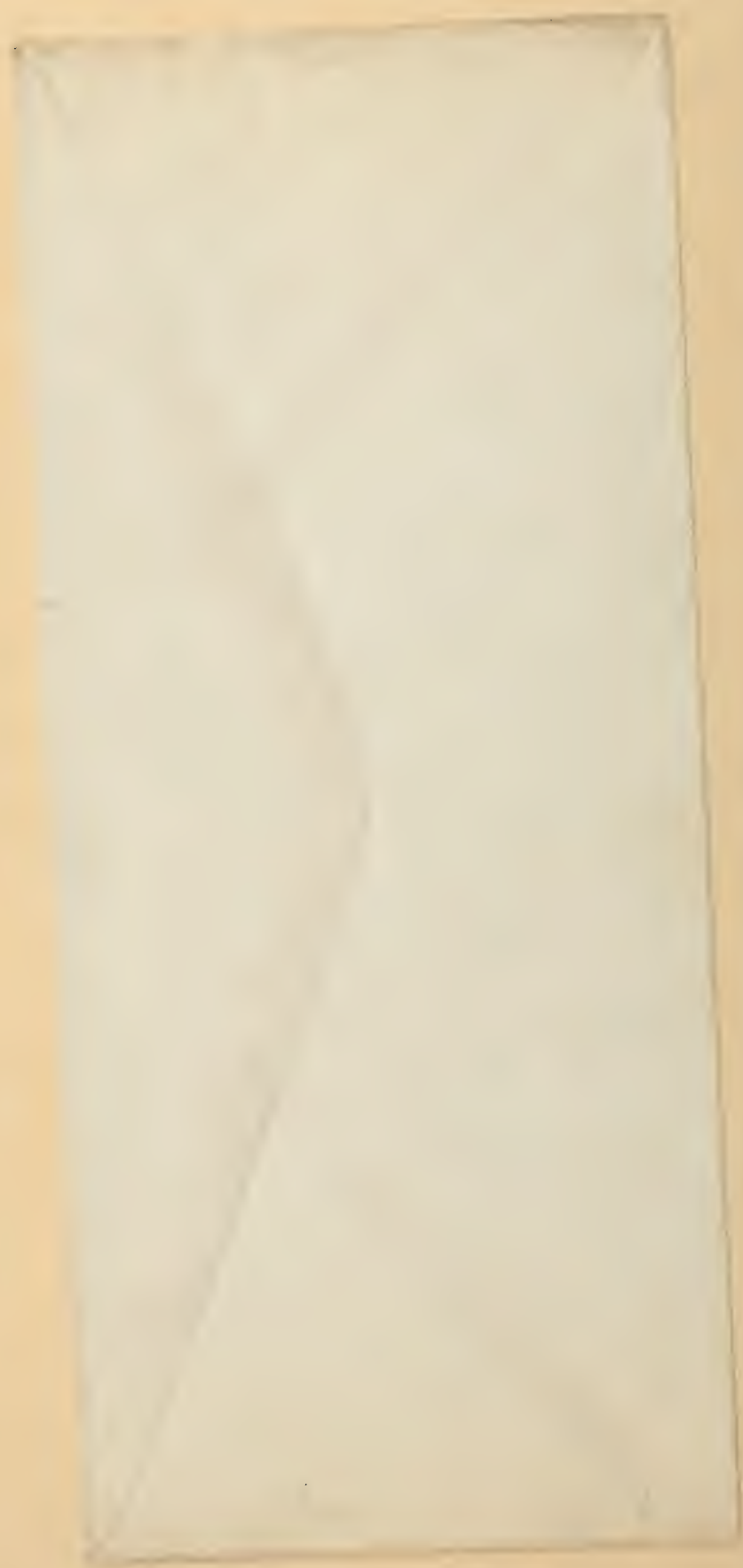
R. M. BERTOLET, M.D., 113 S. Broad Street,

Philadelphia, March, 1876.

International

Medical Congress

Copies of these all passed
in scrap book



International Medical Congress

— 1876. —

*The Centennial Medical Commission
have the honor to invite*

to attend the

International Medical Congress

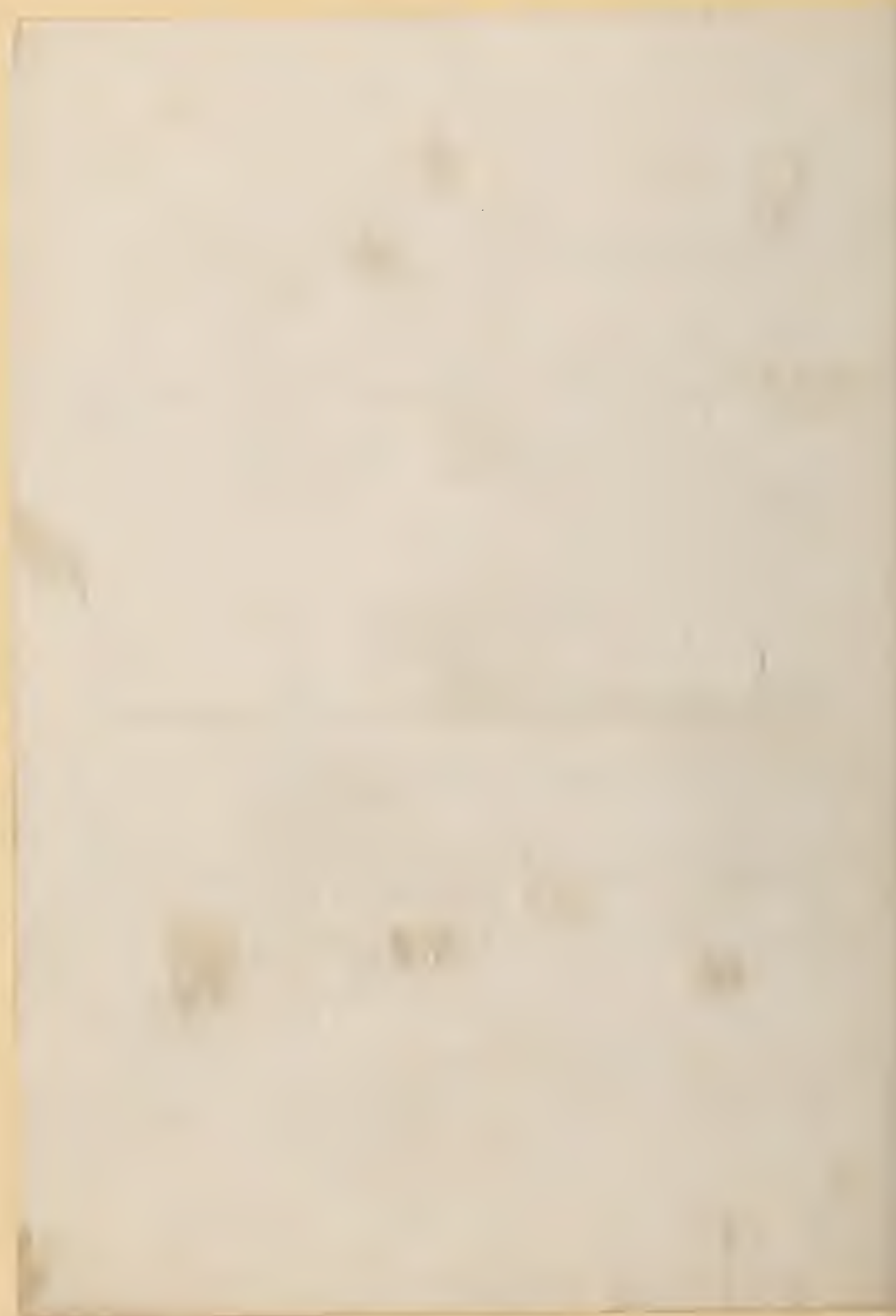
which will convene in

Philadelphia, September, Fourth, 1876.

and to take part in its proceedings.

S. S. Gross,

President of Commission



AMERICAN CENTENNIAL CELEBRATION.

INTERNATIONAL MEDICAL CONGRESS.

The Medical Societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow-citizens in celebrating the Centennial Birthday of American Independence, have taken the initiatory steps for the formation of an INTERNATIONAL MEDICAL CONGRESS, by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given, the delegation has organized itself into

THE CENTENNIAL MEDICAL COMMISSION OF PHILADELPHIA,

WITH THE FOLLOWING OFFICERS:

President, SAMUEL D. GROSS, M.D., LL.D., D.C.L. OXON.

Vice-Presidents, { W. S. W. RUSCHENBERGER, M.D., U. S. N.,
ALFRED STILLÉ, M.D.

Recording Secretary, WILLIAM B. ATKINSON, M.D.

American Corresponding Secretaries, { DANIEL G. BRINTON, M.D.,
WILLIAM GOODELL, M.D.

Foreign Corresponding Secretaries, { RICHARD J. DUNGLISON, M.D.,
R. M. BERTOLET, M.D.

Treasurer, CASPAR WISTER, M.D.

Arrangements have been made for the holding of the CONGRESS in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The Commission propose the following general plan for the organization and business of the Congress:—

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be eight, viz. :—

1. MEDICINE, including PATHOLOGY, PATHOLOGICAL ANATOMY and THERAPEUTICS.
2. BIOLOGY, including ANATOMY, HISTOLOGY, PHYSIOLOGY and MICROSCOPY.
3. SURGERY, including DERMATOLOGY and SYPHILOLOGY.
4. OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.
5. CHEMISTRY, TOXICOLOGY and MEDICAL JURISPRUDENCE.
6. SANITARY SCIENCE, including HYGIENE and MEDICAL STATISTICS.
7. OPHTHALMOLOGY and OTOTOLOGY.
8. MENTAL DISEASES.

IV. No vote shall be taken during the sittings of the Congress upon any topic discussed or address delivered.

In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded to its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships.

The Centennial Medical Commission tender in advance to their brethren in all parts of the world a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1876.

The registration book will be open daily from Thursday, Aug. 31, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust Streets. Credentials must in every case be presented.

All communications must be addressed to the appropriate Secretaries.

WILLIAM B. ATKINSON, 1400 Pine Street, Philadelphia, *Recording Secretary.*

DANIEL G. BRINTON, 2027 Arch Street,

WILLIAM GOODELL, 20th and Hamilton Sts.,

RICHARD J. DUNGLISON, 814 N. 16th Street,

R. M. BERTOLET, 113 S. Broad Street,

} *American Corresponding Secretaries.*

} *Foreign Corresponding Secretaries.*

American Medical Association and the State and Territorial Medical Societies of the Union.

II. The officers shall consist of a President, ten Vice-Presidents, four Secretaries, a Treasurer, and
PHILADELPHIA, October, 1875.

Committee of Nomination.

Centennial Medical Commission of Philadelphia.

THE CENTENNIAL MEDICAL COMMISSION OF PHILADELPHIA.

Philadelphia,

187

Centennial Medical Commission of Philadelphia

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be eight, viz. —

1. MEDICINE, including PATHOLOGY, ETIOLOGY, ANATOMY AND THERAPEUTICS.
2. SURGERY, including ANATOMY AND PHYSIOLOGY.
3. SPECIAL MEDICINE, including PEDIATRICS AND GYNAECOLOGY.
4. DISEASES AND DEFECTIONS OF WOMEN AND CHILDREN.
5. DISEASES OF THE MOUTH AND THROAT.
6. DENTISTRY, including ORTHODONTIA AND MEDICAL DENTISTRY.
7. PHYSIOLOGY AND HYGIENE.

... of the Congress upon any topic.

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All communications must be addressed to the appropriate Secretaries.

- | | |
|---|-------------------------------------|
| WILLIAM B. AMERICAN, 1100 Pine Street, Philadelphia, Room 402, Secretary. | |
| JOHN C. B. BROWN, 207 Arch Street, | American Corresponding Secretaries. |
| WILLIAM C. B. BROWN, 207 Arch Street, | |
| EDWARD C. B. BROWN, 207 Arch Street, | Foreign Corresponding Secretaries. |
| W. C. B. BROWN, 207 Arch Street, | |

International Medical Congress.

PHILADELPHIA, 1876.

All communications should be addressed to the Corresponding Secretary.

Philadelphia, 187

To

SIR :

We have the honor to inform you that you have been elected a member of the Executive Committee of the CENTENNIAL MEDICAL COMMISSION. The accompanying circular sets forth the objects and work of the Commission as far as it has progressed. Any further information you may at any time desire we shall be happy to furnish you.

We beg to entrust to you and the other members from your State, the interests of the Congress in

The Secretary of your State Medical Society will be notified that the proposed plan of organization entitles the Society to send to the International Medical Congress the same number of delegates as your State has Representatives in Congress.

In accepting membership in the Executive Committee, you assume no personal or pecuniary liability in connection with the work.

The favor of an early answer is requested.

We have the honor to be

Your obedient servants,

President.

Corresponding Secretary.

International Medical Congress

PHILADELPHIA, 1876

All communications should be addressed to the Corresponding Secretary

Philadelphia, 1876

Sir:

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The Executive Committee of your State Medical Society will be notified that the organization entitles the Society to send to the International Medical Congress the same number of delegates as your State has Representatives.

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Your obedient servants,

CENTENNIAL MEDICAL COMMISSION.

PHILADELPHIA,

1876.

MY DEAR SIR:

The time allotted to you for the reading of your paper before the Section on.....in the International Medical Congress, is limited to thirty minutes.

In order to facilitate discussion, you are urgently requested to forward to the Committee of Arrangements, before May 20th, the heads of your essay or of your opening remarks.

You are also requested to sum up, at the close of your paper, the views embodied in it, by such conclusions or propositions as can be voted upon separately in the Section, and afterwards reported to the Congress.

Very respectfully, yours,

CENTENNIAL MEDICAL COMMISSION.

PHILADELPHIA, June 1st, 1876.

MY DEAR SIR:

I am instructed by the Medical Commission of the International Medical Congress to beg you to furnish *without delay* the heads of your essay, or of your opening remarks, for publication. The object of this is to promote and facilitate discussion.

A very good model for such heads is that furnished for publication by Mr. Jonathan Hutchinson in advance of his opening the discussion on Syphilis before the Pathological Society of London, in February last, as follows:—

“After adverting briefly to the doctrines at present received as to the nature of syphilis, and also to certain important sources of error in the attempt to study its course, the following topics, amongst others, will be introduced for discussion: At what period in its course does syphilis cease to be a blood disease? The peculiarities of the inflammatory process when caused by syphilis; its tendency (1) to solid growth, and (2) to ulceration and phagedæna. The importance of a better knowledge of the internal pathology of the secondary stage, with a view to the better comprehension of the relationships which exist between the secondary and tertiary phenomena. (It will be suggested that visceral lesions, gummata, etc., are more common in the secondary stage than is supposed.) The remarkable differences which exist between acquired and inherited syphilis: *a.* The great rarity of disease affecting the nervous centres in inherited syphilis. *b.* The rarity of tertiary gummata in inherited syphilis. *c.* The frequency of symmetrical forms of disease in the tertiary stage of inherited syphilis. The absence of any real relationship between scrofula and syphilis; and the specificity of all the phenomena which belong to the latter, at whatever stage observed.”

I am further instructed to inform you that the discussion on your paper will be strictly oral, and that no written reply to it will be allowed.

Should the thirty minutes allotted to you for the reading of your paper prove too short, the time will be extended, but briefness is earnestly requested.

Yours, very respectfully,

WM. GOODELL, M.D.,
American Corresponding Secretary.

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. From the first settlers to the present day, the nation has evolved through various stages of development. The early years were marked by exploration and settlement, followed by a period of rapid expansion and industrialization. The American Revolution and the Civil War were pivotal moments in the nation's history, shaping its identity and values.

The United States has a rich cultural heritage, with diverse influences from different parts of the world. The nation's history is filled with stories of courage, sacrifice, and achievement. The American Dream, the idea that anyone can succeed through hard work and determination, is a central theme in the nation's history. The United States has played a significant role in world affairs, from its early years as a young nation to its emergence as a global superpower.

The history of the United States is a complex and multifaceted story. It is a story of a nation that has grown from a small colony to a global superpower. The United States has a long and proud history, and its future is bright. The nation's values and principles continue to inspire people around the world.

THE HISTORY OF THE UNITED STATES

THE HISTORY OF THE UNITED STATES

